

Fill in this information to identify the case:Debtor name Nutracap Holdings, LLCUnited States Bankruptcy Court for the: Northern District of GeorgiaCase number (if known): 25-50430☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that applyGross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date
MM / DD / YYYY☒ Operating a business
☐ Other\$ 262,424.31

For prior year:

From 01/01/2024 to 12/31/2024
MM / DD / YYYY☒ Operating a business
☐ Other\$ 25,215,421.86

For the year before that:

From 01/01/2023 to 12/31/2023
MM / DD / YYYY☒ Operating a business
☐ Other\$ 41,302,566.74**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date
MM / DD / YYYY\$ 0.00

For prior year:

From 01/01/2024 to 12/31/2024
MM / DD / YYYY\$ 2,578,560.49

For the year before that:

From 01/01/2023 to 12/31/2023
MM / DD / YYYY\$ 922,505.15

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Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

| Creditor's name and address | Dates | Total amount or value | Reasons for payment or transfer <i>Check all that apply</i> |
|--|--------------------------|-----------------------|--|
| 3.1. WB Sweetners, LLC Creditor's name PO Box 960 Rock Hill, NY 12775 | 12/05/2024 | \$ 17,098.07 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other |
| 3.2. AHB US LLC Creditor's name 100 Canal Pointe Blvd suite 204 Princeton, NJ 8540 | 12/09/2024 11/18/2024 | \$ 10,500.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|----------------------------|-------|-----------------------|---------------------------------|
| 4.1. Insider's name | | \$ | |
| Relationship to debtor | | | |
| 4.2. Insider's name | | \$ | |
| Relationship to debtor | | | |

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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

| Custodian's name and address | Description of the property | Value |
|------------------------------|-----------------------------|------------------------|
| _____ | _____ | \$ _____ |
| Custodian's name | Case title | Court name and address |
| _____ | _____ | _____ |
| Case number | Name | _____ |
| _____ | Date of order or assignment | _____ |
| _____ | _____ | _____ |

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------------|---|-------------|----------|
| 9.1. _____ | _____ | _____ | \$ _____ |
| Recipient's name | _____ | _____ | \$ _____ |
| Recipient's relationship to debtor | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| 9.2. _____ | _____ | _____ | \$ _____ |
| Recipient's name | _____ | _____ | \$ _____ |
| Recipient's relationship to debtor | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | Date of loss | Value of property lost |
|--|---|--------------|------------------------|
| _____ | _____ | _____ | \$ _____ |

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Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

| | Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
|-------|---|---|-------------|-----------------------|
| 11.1. | Rountree Leitman Klein & Geer, LLC | Retainer | 12/24; 1/25 | \$ 75,000.00 |
| | Address 2987 Clairmont Rd Suite 350 Atlanta, GA 30329 | | | |
| | Email or website address rlkglaw.com | | | |
| | Who made the payment, if not debtor? | | | |

| | Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
|-------|---|---|-------|-----------------------|
| 11.2. | | | | \$ |
| | Address | | | |
| | Email or website address | | | |
| | Who made the payment, if not debtor? | | | |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
| | | | \$ |
| Trustee | | | |

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13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

| Who received transfer? | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|------------------------------|--|------------------------|-----------------------|
| 13.1. _____ | | _____ | \$ _____ |
| Address _____ | | | |
| Relationship to debtor _____ | | | |
| 13.2. _____ | | _____ | \$ _____ |
| Address _____ | | | |
| Relationship to debtor _____ | | | |

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

| Address | Dates of occupancy | |
|--|--------------------|---------|
| | From | To |
| 14.1. 6080 McDonough Drive Ste. A Norcross, GA 30093 | 11/2020 | 12/2022 |
| 14.2. _____ | _____ | _____ |

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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------|--|---|
|---------------------------|--|---|

15.1. Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------|--|---|
|---------------------------|--|---|

15.2. Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained.

Does the debtor have a privacy policy about that information?

- ☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
☐ Yes. Fill in below:

| Name of plan | Employer identification number of the plan |
|--------------|--|
| | EIN: |

Has the plan been terminated?

- ☐ No
☐ Yes

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Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units
18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

| | Financial institution name and address | Last 4 digits of account number | Type of account | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|-------|--|---------------------------------|--|--|---|
| 18.1. | <u>Name</u> | XXXX- <u></u> | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <u></u> | <u></u> | \$ <u></u> |
| 18.2. | <u>Name</u> | XXXX- <u></u> | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <u></u> | <u></u> | \$ <u></u> |

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

| Depository institution name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---|-----------------------------------|-----------------------------|---|
| <u>Name</u> | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <u>Address</u> | | | |

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---------------------------|-----------------------------------|-----------------------------|---|
| <u>Name</u> | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <u>Address</u> | | | |

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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own
21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

| Owner's name and address | Location of the property | Description of the property | Value |
|---|--------------------------|--|----------------------|
| Light House Cabinetry, Inc. Name 6550 Jimmy Carter Blvd Ste A/B Norcross, GA 30093 | | Security Deposit on Sublease 6550 Jimmy Carter Blvd., Ste A/B | \$ <u>132,516.88</u> |

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

| Case title | Court or agency name and address | Nature of the case | Status of case |
|-------------|----------------------------------|--------------------|------------------------------------|
| | | | <input type="checkbox"/> Pending |
| Case number | Name | | <input type="checkbox"/> On appeal |
| | | | <input type="checkbox"/> Concluded |

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
| | | | |
| Name | Name | | |

☒ No

☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|--|--|-----------------------------|--------------------------|
| <div> <div></div> <div>Name</div> </div> | <div> <div></div> <div>Name</div> </div> | | <div> <div></div> </div> |

☒ None

| | | |
|----------------------------------|--|---|
| Business name and address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| 25.3. _____ Name | | EIN: _____ Dates business existed From _____ To _____ |

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Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

| | Name and address | Dates of service |
|--------|--|----------------------------------|
| 26a.1. | Interactive Accountants, LLC Name t 88180 NW 36th Street, Suite 327, Doral, FL 33166 | From 11/06/2020 To 01/13/2025 |

| | Name and address | Dates of service |
|--------|------------------|------------------|
| 26a.2. | Name | From To |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

| | Name and address | Dates of service |
|--------|---------------------------------|----------------------------------|
| 26b.1. | Wilke & Associates, LLP Name | From 04/07/2021 To 12/06/2024 |

| | Name and address | Dates of service |
|--------|------------------|------------------|
| 26b.2. | Name | From To |

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

| | Name and address | If any books of account and records are unavailable, explain why |
|--------|--|--|
| 26c.1. | Interactive Accountants, LLC Name 88180 NW 36th Street, Suite 327, Doral, FL 33166 | |

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Name

Name and address

If any books of account and records are unavailable, explain why

26c.2. Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. First Horizon Bank
Name

Name and address

26d.2. Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.1. Name

Debtor Nutracap Holdings, LLC Case number (if known) 25-50430
Name

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$

Name and address of the person who has possession of inventory records

27.2.

Name

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|---------------------|---|-------------------------------------|-----------------------|
| DBD DTA Corporation | 2825 Pacific Dr Suite C, Norcross, GA 30071 | Sole Member | 100.00 |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

| Name | Address | Position and nature of any interest | Period during which position or interest was held |
|---------------|--|-------------------------------------|---|
| Gabriel Silva | 1493 Epping Forest Drive, Brookhaven, GA 30319 | CFO | 05/02/2022 To 10/31/2024 |
| | | | To |
| | | | To |
| | | | To |

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|--|------------|--------------------------------|
| 30.1. Henrique Alves Da Costa | 27,500.01 | 12/20/2024 | Payroll |
| Name | | 01/03/2024 | |
| | | 01/13/2024 | |
| Relationship to debtor | | | |

Debtor Nutracap Holdings, LLC Case number (if known) 25-50430
Name

| Name and address of recipient | | 71,651.34 | Payroll; See SOFA 30 Attachment - Tayana Melzer E Lima Payroll |
|---|------------------------------|---|--|
| 30.2 | Tayana Melzer E Lima Name | | |
| Relationship to debtor Wife of CEO | | | |
| 31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify below. | | | |
| Name of the parent corporation DBD DTA Corporation | | Employer Identification number of the parent corporation EIN: 35-2645084 | |
| 32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify below. | | | |
| Name of the pension fund | | Employer Identification number of the pension fund EIN: | |


Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/11/2025
MM / DD / YYYY

 /s/ Marcos Fabio Lopes e Lima Printed name Marcos Fabio Lopes e Lima
Signature of individual signing on behalf of the debtor

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?
☐ No
☒ Yes

Debtor Name Nutracap Holdings, LLC

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Continuation Sheet for Official Form 207

3) Certain payments or transfers to creditors within 90 days before filing this case

| | | |
|---|--------------|----------------------|
| Maxsun Industries, Inc., 5595 Daniels Street Suite H, Chino, CA 91710 | \$30,194.60 | Suppliers or vendors |
| Priority1, PO Box 84808, Dallas, TX 75284 | \$112,292.37 | Suppliers or vendors |
| BannerBio, Unit B 1/F West Section 2 Bldg 25th Keyuan West No.5 Kezhi West Rd Nanshan District, Shenzhen China, | \$10,920.00 | Suppliers or vendors |
| Food Safety Net Services, P.O. Box 736407, Dallas, TX 75373-6407 | \$19,253.17 | Suppliers or vendors |
| SINOCHEM HEALTH COMPANY, LTD CHINA, 30F HNA Center Bldg 1 No. 234 Yan'an 3rd Road Yan'an Road, Qingdao 266071 China, | \$31,912.04 | Suppliers or vendors |
| WM Corporate Services, INC, PO Box 4648, Carol Stream, IL 60197 | \$9,162.06 | Suppliers or vendors |
| Tricor Braun, PO Box 745628, Atlanta, GA 30374 | \$36,793.44 | Suppliers or vendors |
| Daane Labs, 4795 Enterprise Ave, Naples, FL 34104 | \$9,141.00 | Suppliers or vendors |
| Certified Laboratories, 3218 Commander Drive, Carrollton, TX 75006 | \$40,242.68 | Suppliers or vendors |
| Rite Weight, Inc, 3802 Irvingdale Road, Duluth, GA 30096 | \$8,320.00 | Suppliers or vendors |
| American Express, | \$11,836.00 | |
| Anthem Blue Cross and Blue Shield, | \$85,068.00 | |
| Attentive Mobile, | \$11,150.00 | |
| Aunutra Industries, Inc., | \$23,638.00 | |
| Austrade Ingredients, | \$10,877.00 | |
| Bioplantek MChJ LLC Uzbek, | \$29,700.00 | |

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Continuation Sheet for Official Form 207

| | |
|--------------------------------|-------------|
| Cepharm, | \$9,400.00 |
| Brex, Inc., | \$8,000.00 |
| Chemicals Global, | \$10,978.70 |
| City of Norcross, | \$10,191.39 |
| Coastal Rock Trading, LLC, | \$16,000.00 |
| Dongyu Usi, | \$67,017.50 |
| Facebook, | \$27,674.71 |
| Fifth Nutrisupply, Inc., | \$8,415.00 |
| Gencor Pacific, | \$8,125.00 |
| Georgia Department of Revenue, | \$35,510.70 |
| GIA Advisory Corp., | \$11,156.25 |
| goLance, | \$42,907.50 |
| Gold Coast, | \$11,750.54 |
| Google Ads, | \$48,569.65 |
| Gramnutra Inc., | \$10,625.00 |
| Interactive Accountants, | \$18,000.00 |
| Joseph Razon, | \$7,800.00 |
| Makingcosmetics Inc., | \$13,971.03 |
| North Central Companies, | \$13,496.00 |
| NuLiv Science, | \$8,125.00 |
| Nutrition 21, | \$27,209.00 |
| PanaSource Ingredients, Inc., | \$21,190.00 |
| PayPal, | \$52,023.31 |
| Piedmont National Corporation, | \$34,221.11 |
| Pipefy, | \$17,917.90 |
| PLT Health Solutions, | \$12,154.70 |
| Postscript, | \$16,800.00 |
| Potentia Health Inc dba | \$13,750.00 |

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4Potentia,

| | |
|----------------------------------|--------------|
| Quickbooks Payments, | \$28,390.32 |
| Reliable Premium, | \$21,399.93 |
| Scientific Living, | \$11,615.00 |
| SFIC Corporation, | \$67,294.00 |
| Shipero.com, | \$12,654.68 |
| Shippo, | \$208,250.67 |
| Southern States Insurance, Inc., | \$22,944.10 |
| Swift Premium Finance, Inc., | \$7,873.89 |
| The Hartford, | \$45,863.40 |
| Uline, | \$56,842.97 |
| UPS, | \$37,031.65 |
| Wilke & Associates LLP, | \$73,141.73 |
| XScale Limited, | \$16,050.00 |

7) Legal Actions

Alphonso Habbaba v. Gorilla Mind, LLC, Nutracap Holdings, LLC, Nutracap Labs, LLC and Does 1-500

2:24-00921-JLS-AHG

Diversity | Torts

United States District Court SD Ca

17 South Park Row, Erie, PA 16501

Pending

21) Property held for another

KNB Cabinets, LLC

,

Security Deposit on Sublease 6600 Jimmy Carter Blvd Ste C

Value: \$41,013.48

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Keystone Tile, Inc.

,

Security Deposit 6550 Jimmy Carter Blvd, Ste. C

Value: \$72,675.00

Keystone Tile, Inc.

,

Security Deposit on Sublease 6550 Jimmy Carter Blvd., Ste. C

Value: \$82,393.87

30) Payments, distributions, or withdrawals credited or given to insiders

Name and Address:

Marcos Fabio Lopes e Lima

Amount of money or description: \$14,322.92

Dates: - , - , 01/13/2025

Reason: Payroll

Name and Address:

John W. Houser

Amount of money or description: \$85,000.00

Dates: - , - , -

Reason: Consultant fees; \$10,000/month beginning 1/19/2024-9/20/2024 (paid \$5,000 bi-weekly)

Name and Address:

DBD DTA Corporation

Amount of money or description: \$141,000.00

Dates: - , - , -

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Reason: Transfers to cover expenses; Payment dates: March 2024; May 2024; June 2024; August 2024; September 2024; October 2024

Name and Address:

DBD DTA Corporation

Amount of money or description: \$611,283.18

Dates: - , - , -

Reason: Transfer of product to parent company

NUTRACAP HOLDINGS, LLC
CH. 11 CASE NO. 25-50430
SOFA QUESTION 30 ATTACHMENT - TAYANA MELZER E LIMA PAYROLL

| | | | | | | | | | | | | | |
|-----------------------|------------|----------|----------|----------|----------|----------|----------|----------|--------|--------|--------|--------|----------|
| Melzer E Lima, Tayana | 01/19/2024 | 00030053 | 3,785.52 | 3,054.06 | 3,054.06 | 2,500.00 | 1,285.52 | 3,785.52 | 288.94 | 54.89 | 234.70 | 152.93 | 731.46 |
| Melzer E Lima, Tayana | 02/05/2024 | 00050053 | 2,500.00 | 2,091.72 | 2,091.72 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 82.35 | 408.28 |
| Melzer E Lima, Tayana | 02/20/2024 | 00070051 | 2,970.29 | 2,443.78 | 2,443.78 | 2,500.00 | 470.29 | 2,970.29 | 191.11 | 43.07 | 184.16 | 108.17 | 526.51 |
| Melzer E Lima, Tayana | 03/05/2024 | 00100053 | 2,500.00 | 2,091.72 | 2,091.72 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 82.35 | 408.28 |
| Melzer E Lima, Tayana | 03/20/2024 | 00120052 | 2,500.00 | 2,091.72 | 2,091.72 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 82.35 | 408.28 |
| Melzer E Lima, Tayana | 04/05/2024 | 00140049 | 2,500.00 | 2,091.72 | 2,091.72 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 82.35 | 408.28 |
| Melzer E Lima, Tayana | 04/19/2024 | 00160050 | 2,500.00 | 2,091.72 | 2,091.72 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 82.35 | 408.28 |
| Melzer E Lima, Tayana | 05/03/2024 | 00180050 | 2,500.00 | 2,091.72 | 2,091.72 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 82.35 | 408.28 |
| Melzer E Lima, Tayana | 05/20/2024 | 00200047 | 2,757.19 | 2,284.25 | 2,284.25 | 2,500.00 | | 2,757.19 | 165.54 | 39.98 | 170.95 | 96.47 | 472.94 |
| Melzer E Lima, Tayana | 06/05/2024 | 00230046 | 2,500.00 | 2,091.72 | 2,091.72 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 82.35 | 408.28 |
| Melzer E Lima, Tayana | 06/20/2024 | 00250047 | 2,600.00 | 2,166.58 | 2,166.58 | 2,500.00 | 100.00 | 2,600.00 | 146.68 | 37.70 | 161.20 | 87.84 | 433.42 |
| Melzer E Lima, Tayana | 07/05/2024 | 00270047 | 2,500.00 | 2,093.22 | 2,093.22 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 80.85 | 406.78 |
| Melzer E Lima, Tayana | 07/19/2024 | 00290048 | 7,367.30 | 5,519.60 | 5,519.60 | 2,500.00 | 4,867.30 | 7,367.30 | 940.91 | 106.82 | 456.77 | 343.20 | 1,847.70 |
| Melzer E Lima, Tayana | 08/05/2024 | 00310052 | 2,500.00 | 2,093.22 | 2,093.22 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 80.85 | 406.78 |
| Melzer E Lima, Tayana | 08/20/2024 | 00340052 | 2,500.00 | 2,093.22 | 2,093.22 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 80.85 | 406.78 |
| Melzer E Lima, Tayana | 09/05/2024 | 00360051 | 2,500.00 | 2,093.22 | 2,093.22 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 80.85 | 406.78 |
| Melzer E Lima, Tayana | 09/20/2024 | 00380051 | 3,758.70 | 3,036.73 | 3,036.73 | 2,500.00 | 1,258.70 | 3,758.70 | 285.72 | 54.51 | 233.04 | 148.70 | 721.97 |
| Melzer E Lima, Tayana | 10/04/2024 | 00400051 | 2,500.00 | 2,093.22 | 2,093.22 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 80.85 | 406.78 |
| Melzer E Lima, Tayana | 10/18/2024 | 00420051 | 2,550.00 | 2,130.70 | 2,130.70 | 2,500.00 | 50.00 | 2,550.00 | 140.68 | 36.97 | 158.10 | 83.55 | 419.30 |
| Melzer E Lima, Tayana | 11/05/2024 | 00450050 | 2,500.00 | 2,093.22 | 2,093.22 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 80.85 | 406.78 |
| Melzer E Lima, Tayana | 11/20/2024 | 00470050 | 2,600.00 | 2,168.18 | 2,168.18 | 2,500.00 | 100.00 | 2,600.00 | 146.68 | 37.70 | 161.20 | 86.24 | 431.82 |
| Melzer E Lima, Tayana | 12/05/2024 | 00490047 | 2,500.00 | 2,093.22 | 2,093.22 | 2,500.00 | | 2,500.00 | 134.68 | 36.25 | 155.00 | 80.85 | 406.78 |
| Melzer E Lima, Tayana | 12/20/2024 | 00510048 | 3,262.34 | 2,664.68 | 2,664.68 | 2,500.00 | 762.34 | 3,262.34 | 226.16 | 47.30 | 202.26 | 121.94 | 597.66 |
| Melzer E Lima, Tayana | 01/03/2025 | 00010048 | 2,500.00 | 2,097.76 | 2,097.76 | 2,500.00 | 2,500.00 | 130.14 | 36.25 | 155.00 | 80.85 | 402.24 | |
| Melzer E Lima, Tayana | 01/13/2025 | 00030049 | 2,500.00 | 2,097.76 | 2,097.76 | 2,500.00 | 2,500.00 | 130.14 | 36.25 | 155.00 | 80.85 | 402.24 | |

Fill in this information to identify the case:Debtor name Nutracap Holdings, LLCUnited States Bankruptcy Court for the: Northern District of GeorgiaCase number (if known): 25-50430☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

| Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | |
|--|-----------------|---------------------------------|---------------|
| 3.1. First Horizon 5957 | Checking | 5 9 5 7 | \$ 128,464.00 |
| 3.2. See continuation sheet | | | \$ 348,468.00 |

4. Other cash equivalents (Identify all)

4.1. _____ \$ _____

4.2. _____ \$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 476,932.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

| Description, including name of holder of deposit | |
|--|---------------|
| 7.1. HMI Atlanta V LLC | \$ 14,900.00 |
| 7.2. See continuation sheet | \$ 219,050.00 |

Debtor

Nutracap Holdings, LLC
Name

Case number (if known) 25-50430

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 233,950.00

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

| | | | | | | |
|---------------------------|-------------|---|------------------------------------|---|---------|---------------|
| 11a. 90 days old or less: | 114,714.78 | - | 0.00 | = | → | \$ 114,714.78 |
| | face amount | | doubtful or uncollectible accounts | | | |

| | | | | | | |
|------------------------|-------------|---|------------------------------------|---|---------|--------------|
| 11b. Over 90 days old: | 193,998.37 | - | 144,440.65 | = | → | \$ 49,557.72 |
| | face amount | | doubtful or uncollectible accounts | | | |

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 164,272.50

Part 4: Investments**13. Does the debtor own any investments?**☐ No. Go to Part 5.☒ Yes. Fill in the information below.**Valuation method
used for current value****Current value of debtor's
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. MyoBlox, LLC 10 % Book Value \$ Unknown

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

Debtor

Nutracap Holdings, LLC
Name

Case number (if known)

25-50430

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|-------------------------------------|--|---|------------------------------------|
| 19. Raw materials See Schedule A/B, Q. 19 Attachment | 01/13/2025 MM / DD / YYYY | 8,918,846.61 \$ | | 0.00 \$ |
| 20. Work in progress See Schedule A/B, Q. 20 Attachment | 01/13/2025 MM / DD / YYYY | 648,000.44 \$ | | 0.00 \$ |
| 21. Finished goods, including goods held for resale See Schedule A/B, Q. 21 Attachment | 01/13/2025 MM / DD / YYYY | 500,853.92 \$ | | 0.00 \$ |
| 22. Other inventory or supplies _____ | MM / DD / YYYY | \$ | | \$ |
| 23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84. | | | | 0.00 \$ |

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☒ Yes. Book value 217,046.13 Valuation method _____ Current value 217,046.13

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 28. Crops—either planted or harvested _____ | \$ | | \$ |
| 29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish _____ | \$ | | \$ |
| 30. Farm machinery and equipment (Other than titled motor vehicles) _____ | \$ | | \$ |
| 31. Farm and fishing supplies, chemicals, and feed _____ | \$ | | \$ |
| 32. Other farming and fishing-related property not already listed in Part 6 _____ | \$ | | \$ |

Debtor

Nutracap Holdings, LLC
Name

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33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 39. Office furniture Office furniture and equipment | \$ 167,496.70 | | \$ 63,483.00 |
| 40. Office fixtures | \$ _____ | | \$ _____ |
| 41. Office equipment, including all computer equipment and communication systems equipment and software Computer equipment - software and hardware | \$ 389,476.28 | | \$ 70,455.77 |
| 42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 42.1 _____ | \$ _____ | | \$ _____ |
| 42.2 _____ | \$ _____ | | \$ _____ |
| 42.3 _____ | \$ _____ | | \$ _____ |

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 133,938.77

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
- ☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor

Nutracap Holdings, LLC

Name

Case number (if known)

25-50430

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles | | | |
| 47.1 MHC Truck Lease - KW T280 Truck | \$ | | \$ 0.00 |
| 47.2 | \$ | | \$ |
| 47.3 | \$ | | \$ |
| 47.4 | \$ | | \$ |
| 48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 48.1 | \$ | | \$ |
| 48.2 | \$ | | \$ |
| 49. Aircraft and accessories | | | |
| 49.1 | \$ | | \$ |
| 49.2 | \$ | | \$ |
| 50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Production equipment and machinery | | | |
| | \$ 6,436,373.05 | | \$ 1,809,123.74 |
| 51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87. | | | \$ 1,809,123.74 |

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor

NutraCap Holdings, LLC

Name

Case number (if known)

25-50430

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| | Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|------|---|---|---|--|---|
| 55.1 | Lease - 5785 Brookhollow Parkway | Facility Rental | | | 0.00 |
| | | | \$ _____ | _____ | \$ _____ |
| 55.2 | Lease - 2825 Pacific Drive, Ste. A | Facility Rental | | | 0.00 |
| | | | \$ _____ | _____ | \$ _____ |
| 55.3 | See continuation sheet | | 0.00 | | 0.00 |
| | | | \$ _____ | _____ | \$ _____ |
| 56. | Total of Part 9. | | | | 0.00 |
| | Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. | | | | \$ _____ |

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|---|--|---|
| 60. | Patents, copyrights, trademarks, and trade secrets Trademarks; See Schedule A/B, Q. 64 Exhibit - Other Intangibles, o | 0.00 | none | 4,000,000.00 |
| | | \$ _____ | _____ | \$ _____ |
| 61. | Internet domain names and websites See continuation sheet | 0.00 | | Unknown |
| | | \$ _____ | _____ | \$ _____ |
| 62. | Licenses, franchises, and royalties See continuation sheet | 0.00 | | Unknown |
| | | \$ _____ | _____ | \$ _____ |
| 63. | Customer lists, mailing lists, or other compilations Customer List | 0.00 | | Unknown |
| | | \$ _____ | _____ | \$ _____ |
| 64. | Other intangibles, or intellectual property | | | |
| | | \$ _____ | _____ | \$ _____ |
| 65. | Goodwill | | | |
| | | \$ _____ | _____ | \$ _____ |
| 66. | Total of Part 10. | | | 4,000,000.00 |
| | Add lines 60 through 65. Copy the total to line 89. | | | \$ _____ |

Debtor

Nutracap Holdings, LLC
Name

Case number (if known) 25-50430

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

| | | | | |
|-------------------|---|----------------------------------|-----|---------|
| 0.00 | — | 0.00 | = → | \$ 0.00 |
| Total face amount | | doubtful or uncollectible amount | | |

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Possible ERC Refund - 2020 Q4

Possible ERC Refund - 2021 Q2

Possible ERC Refund - 2021 Q1

| | | |
|----------|------|---------------|
| Tax year | 2020 | \$ 206,570.24 |
| Tax year | 2021 | \$ 827,304.38 |
| Tax year | 2021 | \$ 762,194.01 |

73. Interests in insurance policies or annuities

\$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ _____

Nature of claim

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Claims against Wes Houser and David Bromwich

\$ Unknown

Nature of claim

Claims for mismanagement

Amount requested \$ 0.00

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 1,796,068.63

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

Nutracap Holdings, LLC
Name

Case number (if known)

25-50430

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i> | \$ 476,932.00 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$ 233,950.00 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$ 164,272.50 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$ 0.00 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$ 0.00 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$ 0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$ 133,938.77 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$ 1,809,123.74 | |
| 88. Real property. <i>Copy line 56, Part 9.</i> | → | \$ 0.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$ 4,000,000.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$ 1,796,068.63 | |
| 91. Total. Add lines 80 through 90 for each column. 91a. | \$ 8,614,285.64 | + 91b. \$ 0.00 |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 8,614,285.64 | | \$ 8,614,285.64 |

Debtor 1

Nutracap Holdings, LLC

25-50430

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 206 A/B**3) Checking, savings, money market, or financial brokerage accounts**

| General description | Type of account | Last 4 digits of account number |
|----------------------|-----------------|---------------------------------|
| Bank of America 4599 | Checking | 4599 |
| Balance: 105,672.00 | | |
| Brex 6789 | Checking | 6789 |
| Balance: 0.00 | | |
| First Horizon 5775 | Checking | 5775 |
| Balance: 152,253.00 | | |
| Bank of America 7461 | Checking | 7461 |
| Balance: 0.00 | | |
| Bank of America 7543 | Checking | 7543 |
| Balance: 48,295.00 | | |
| Bank of America 7503 | Checking | 7503 |
| Balance: 42,233.00 | | |
| Bank of America 7487 | Checking | 7487 |
| Balance: 0.00 | | |
| PayPal | Checking | 1030 |
| Balance: 15.00 | | |

7) Deposits, including security deposits and utility deposits

| General description | Current value |
|---|---------------|
| CI ATL III-GW, LLC (5785 Brook Hollow Pkwy, Norcross, GA) | \$40,150.00 |
| HM Peachtree Corners I LLC 6550 Jimmy Carter Blvd, Norcross, GA | \$135,500.00 |
| HMI Atlanta V LLC | \$10,100.00 |
| HM Peachtree Corners I, LLC 6600 Jimmy Carter Blvd. | \$33,300.00 |

55) Real property

| General description | Nature and extent of interest | Net book value | Valuation method | Current value |
|---------------------|-------------------------------|----------------|------------------|---------------|
|---------------------|-------------------------------|----------------|------------------|---------------|

Debtor 1

Nutracap Holdings, LLC

25-50430

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 206 A/B

| | | |
|--|-----------------|------|
| Lease - 2825 Pacific Drive, Ste. C | Facility Rental | 0.00 |
| Lease - 6250 McDonough Drive | Facility Rental | 0.00 |
| Lease - 6550 Jimmy Carter Drive, Suite C, Norcross, GA 30071 | Facility Rental | 0.00 |
| Lease - 6600 Jimmy Carter Blvd., Ste. C, Norcross, GA 30071 | Facility Rental | 0.00 |

61) Internet domain names and websites

| General description | Net book value | Valuation method | Current value |
|--|----------------|------------------|---------------|
| www. activewholesaleusa. com | | | Unknown |
| www. activesportsdist ribution.com | | | Unknown |
| www. sportswholesales upply.com | | | Unknown |
| www. bkackmagicsupps.com | | | Unknown |
| www.genonelabs.com | | | Unknown |
| www.nutracapusa.com | | | Unknown |
| www. chemixlifestyle.com | | | Unknown |
| www.nutraskinusa. com | | | Unknown |
| www.packrabbittusa. com | | | Unknown |

62) Licenses, franchises, and royalties

| General description | Net book value | Valuation method | Current value |
|---------------------|----------------|------------------|---------------|
| Business licenses | | | Unknown |

Debtor 1

Nutracap Holdings, LLC

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 206 A/B

**US Food and Drug
Administration
Registration**

Unknown

NUTRACAP HOLDINGS, LLC
CH. 11 CASE NO. 25-50430
SCHEDULE A/B, Q. 64 EXHIBIT
OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY

| Reference No. | Mark | Country | Serial # | Registration No. | PTO Status | PTO Status Date | Attorney Of Record | Status | Event | Event Date |
|---------------|--------------------------------|---------------|------------|------------------|--|-----------------|------------------------|-------------------------|--|------------|
| 90129789 | 24/7 AMINOS | United States | 90/129,789 | 6,218,808 | Registered | 12/08/2020 | Jessica H. Leach, Esq. | | Section 8 Declaration Begins | 12/08/2025 |
| | | | | | | | | | Section 8 Declaration Ends | 12/08/2026 |
| | | | | | | | | | Section 8 Declaration Grace Period Ends | 06/08/2027 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/08/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/08/2030 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/08/2031 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/08/2039 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/08/2040 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/08/2041 |
| 86633654 | A-SYN | United States | 86/633,654 | 4,874,233 | Section 8 & 15 - Accepted and Acknowledged | 06/10/2022 | Jessica H. Leach, Esq. | | Section 8 Declaration and Section 9 Renewal Begins | 12/22/2024 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/22/2025 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/22/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/22/2034 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/22/2035 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/22/2036 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/22/2044 |
| RN/5526135 | ALPHAFOCUS | United States | 87/535,409 | 5,526,135 | Registered | 07/24/2018 | Jessica H. Leach | Client request to lapse | | |
| SN88156824 | ASD ACTIVE SPORTS DISTRIBUTION | United States | 88/156,824 | 5,768,320 | Registered | 06/04/2019 | Jessica H. Leach | | Section 8 and 15 Declarations Begin | 06/04/2024 |
| | | | | | | | | | Section 8 and 15 Declarations End | 06/04/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 12/04/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 06/04/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 06/04/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 12/04/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 06/04/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 06/04/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 12/04/2039 |
| RN/4938342 | BETA-O | United States | 86/631,967 | 4,938,342 | Section 8 & 15 - Accepted and Acknowledged | 04/21/2023 | Jessica H. Leach | Section 8 & 15 Accepted | Section 8 Declaration and Section 9 Renewal Begins | 04/12/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 04/12/2026 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 10/12/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 04/12/2035 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 04/12/2036 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 10/12/2036 |
| Australia | BLACK MAGIC | Australia | 2002025 | | Registered: Registered/protected | | Stellar Law Pty Ltd | New Application Filed | Renewal Period Begins | 04/19/2028 |
| | | | | | | | | | Renewal Period Ends | 04/19/2029 |
| | | | | | | | | | Renewal Grace Period Ends | 10/19/2029 |
| | | | | | | | | | Renewal Period Begins | 04/19/2038 |
| | | | | | | | | | Renewal Period Ends | 04/19/2039 |
| | | | | | | | | | Renewal Grace Period Ends | 10/19/2039 |
| SN88160864 | BLACK MAGIC | United States | 88/160,864 | 5,888,719 | Registered | 10/22/2019 | Jessica H. Leach | | Section 8 and 15 Declarations Begin | 10/22/2024 |
| | | | | | | | | | Section 8 and 15 Declarations End | 10/22/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 04/22/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 10/22/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 10/22/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 04/22/2030 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 10/22/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 10/22/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 04/22/2040 |
| RN/5155650 | BLO | United States | 87/116,570 | 5,155,650 | Section 8 & 15 - Accepted and Acknowledged | 02/13/2024 | Jessica H. Leach, Esq. | Section 8 & 15 Accepted | Section 8 Declaration and Section 9 Renewal Begins | 03/07/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 03/07/2027 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 09/07/2027 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 03/07/2036 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 03/07/2037 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 09/07/2037 |
| RN/4938247 | BYROVIRON | United States | 86/595,767 | 4,938,247 | Section 8 & 15 - Accepted and Acknowledged | 04/21/2023 | Jessica H. Leach | Section 8 & 15 Accepted | Section 8 Declaration and Section 9 Renewal Begins | 04/12/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 04/12/2026 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 10/12/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 04/12/2035 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 04/12/2036 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 10/12/2036 |
| Australia | BZRK | Australia | 2002026 | | Registered: Registered/protected | | Stellar Law Pty Ltd | New Application Filed | Renewal Period Begins | 04/19/2028 |
| | | | | | | | | | Renewal Period Ends | 04/19/2029 |
| | | | | | | | | | Renewal Grace Period Ends | 10/19/2029 |
| | | | | | | | | | Renewal Period Begins | 04/19/2038 |
| | | | | | | | | | Renewal Period Ends | 04/19/2039 |
| | | | | | | | | | Renewal Grace Period Ends | 10/19/2039 |

NUTRACAP HOLDINGS, LLC
CH. 11 CASE NO. 25-50430
SCHEDULE A/B, Q. 64 EXHIBIT
OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY

| | | | | | | | | | | |
|-------------|------------------------|---------------|------------|-----------|---|------------|------------------------|-------------------------|--|------------|
| RN/5718113 | BZRK | United States | 88/142,597 | 5,718,113 | Registered | 04/02/2019 | Jessica H. Leach | Registered | Reminder (4 months) | 12/02/2024 |
| | | | | | | | | | Reminder (2 months) | 02/02/2025 |
| | | | | | | | | | Reminder (1 month) | 03/02/2025 |
| | | | | | | | | | Reminder | 03/19/2025 |
| | | | | | | | | | Section 8 and 15 Declarations End | 04/02/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 10/02/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 04/02/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 04/02/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 10/02/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 04/02/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 04/02/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 10/02/2039 |
| RN/4938264 | CAPSORB | United States | 86/600,654 | 4,938,264 | Section 8 & 15 - Accepted and Acknowledged | 04/21/2023 | Jessica H. Leach | Section 8 & 15 Accepted | Section 8 Declaration and Section 9 Renewal Begins | 04/12/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 04/12/2026 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 10/12/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 04/12/2035 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 04/12/2036 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 10/12/2036 |
| RN/5381992 | CHARGEUP | United States | 87/234,265 | 5,381,992 | Cancelled - Section 8 | 07/26/2024 | Jessica H. Leach | Client request to lapse | | |
| Australia | CHEMIX | Australia | 2002027 | | Registered: Registered/protected | | Stellar Law Pty Ltd | New Application Filed | Renewal Period Begins | 04/19/2028 |
| | | | | | | | | | Renewal Period Ends | 04/19/2029 |
| | | | | | | | | | Renewal Grace Period Ends | 10/19/2029 |
| | | | | | | | | | Renewal Period Begins | 04/19/2038 |
| | | | | | | | | | Renewal Period Ends | 04/19/2039 |
| | | | | | | | | | Renewal Grace Period Ends | 10/19/2039 |
| SN88251977 | CHEMIX | United States | 88/251,977 | 5,853,487 | Registered | 09/03/2019 | Jessica H. Leach | | Section 8 and 15 Declarations Begin | 09/03/2024 |
| | | | | | | | | | Section 8 and 15 Declarations End | 09/03/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 03/03/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 09/03/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 09/03/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 03/03/2030 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 09/03/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 09/03/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 03/03/2040 |
| RN/4995186 | COMPLETE P.T. RECOVERY | United States | 86/892,549 | 4,995,186 | Cancelled - Section 8 | 01/20/2023 | Jessica H. Leach | Client request to lapse | | |
| RN/5234670 | CONTRA | United States | 86/676,444 | 5,234,670 | Section 8 & 15 - Accepted and Acknowledged | 12/28/2023 | Jessica H. Leach, Esq. | Section 8 & 15 Accepted | Section 8 Declaration and Section 9 Renewal Begins | 07/04/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 07/04/2027 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 01/04/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 07/04/2036 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 07/04/2037 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 01/04/2038 |
| SN88359857 | CORTIBLOC | United States | 88/359,857 | 5,946,205 | Registered | 12/24/2019 | Jessica H. Leach | | Section 8 and 15 Declarations Begin | 12/24/2024 |
| | | | | | | | | | Section 8 and 15 Declarations End | 12/24/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 06/24/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/24/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/24/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/24/2030 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/24/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/24/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/24/2040 |
| RN/5537077 | DELTA RECOVERY | United States | 87/535,462 | 5,537,077 | Registered | 08/07/2018 | Jessica H. Leach | Client request to lapse | | |
| SN/90721357 | DEXACRAVE | United States | 90/721,357 | | Abandoned - Failure To Respond Or Late Response | 08/26/2022 | Jessica H. Leach | Client request to lapse | | |
| Australia | DURA GAINS | Australia | 2002028 | | Registered: Registered/protected | | Stellar Law Pty Ltd | New Application Filed | Renewal Period Begins | 04/19/2028 |
| | | | | | | | | | Renewal Period Ends | 04/19/2029 |
| | | | | | | | | | Renewal Grace Period Ends | 10/19/2029 |
| | | | | | | | | | Renewal Period Begins | 04/19/2038 |
| | | | | | | | | | Renewal Period Ends | 04/19/2039 |
| | | | | | | | | | Renewal Grace Period Ends | 10/19/2039 |

NUTRACAP HOLDINGS, LLC
CH. 11 CASE NO. 25-50430
SCHEDULE A/B, Q. 64 EXHIBIT
OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY

| | | | | | | | | | | |
|---------------------------|---------------------------|---------------|------------|-----------|--|------------|------------------------|---|--|------------|
| RN/5762579 | DURA GAINS | United States | 88/156,421 | 5,762,579 | Registered | 05/28/2019 | Jessica H. Leach | Registered | Reminder (6 months) | 11/28/2024 |
| | | | | | | | | | Reminder (4 months) | 01/28/2025 |
| | | | | | | | | | Reminder (2 months) | 03/28/2025 |
| | | | | | | | | | Reminder (1 month) | 04/28/2025 |
| | | | | | | | | | Reminder | 05/14/2025 |
| | | | | | | | | | Section 8 and 15 Declarations End | 05/28/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 11/28/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 05/28/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 05/28/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 11/28/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 05/28/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 05/28/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 11/28/2039 |
| SN/90721303 | EDGE:XP | United States | 90/721,303 | | Abandoned - No Statement Of Use Filed | 06/26/2023 | Jessica H. Leach | Client request to lapse | | |
| RN/4960910 | EPI-STRONG | United States | 86/364,941 | 4,960,910 | Cancelled - Section 8 | 12/02/2022 | Jessica H. Leach | Client request to lapse | | |
| Opposition No. RN/5316634 | Ehplabs, LLC v. FULVIPURE | United States | 87/401,687 | 5,316,634 | Section 8 & 15 - Accepted and Acknowledged | 06/05/2024 | Jessica H. Leach, Esq. | Suspended Section 8 & 15 Accepted | Section 8 Declaration and Section 9 Renewal Begins | 10/24/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 10/24/2027 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 04/24/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 10/24/2036 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 10/24/2037 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 04/24/2038 |
| RN/5502547 | GENONE LABORATORIES | United States | 87/689,540 | 5,502,547 | Section 8 & 15 - Accepted and Acknowledged | 02/14/2024 | Jessica H. Leach | Section 8 & 15 Accepted | Section 8 Declaration and Section 9 Renewal Begins | 06/26/2027 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 06/26/2028 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 12/26/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 06/26/2037 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 06/26/2038 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 12/26/2038 |
| RN/5575073 | GENONE LABORATORIES | United States | 87/804,988 | 5,575,073 | Registered | 10/02/2018 | Jessica H. Leach | Section 8 & 15 filed | Section 8 Declaration and Section 9 Renewal Begins | 10/02/2027 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 10/02/2028 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 04/02/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 10/02/2037 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 10/02/2038 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 04/02/2039 |
| RN/5757459 | GENONE LABORATORIES | United States | 88/152,724 | 5,757,459 | Registered | 05/21/2019 | Jessica H. Leach | Registered | Reminder (6 months) | 11/21/2024 |
| | | | | | | | | | Reminder (4 months) | 01/21/2025 |
| | | | | | | | | | Reminder (2 months) | 03/21/2025 |
| | | | | | | | | | Reminder (1 month) | 04/21/2025 |
| | | | | | | | | | Reminder | 05/07/2025 |
| | | | | | | | | | Section 8 and 15 Declarations End | 05/21/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 11/21/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 05/21/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 05/21/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 11/21/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 05/21/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 05/21/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 11/21/2039 |
| RN/5531632 | HYPERGREENS | United States | 87/535,482 | 5,531,632 | Registered | 07/31/2018 | Jessica H. Leach | Client request to lapse | | |
| 86676446 | ILLA | United States | 86/676,446 | 4,874,496 | Section 8 & 15 - Accepted and Acknowledged | 06/10/2022 | Jessica H. Leach, Esq. | | Section 8 Declaration and Section 9 Renewal Begins | 12/22/2024 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/22/2025 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/22/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/22/2034 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/22/2035 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/22/2036 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/22/2044 |
| 86652420 | ISOFRACT | United States | 86/652,420 | 4,874,447 | Section 8 & 15 - Accepted and Acknowledged | 06/10/2022 | Jessica H. Leach, Esq. | | Section 8 Declaration and Section 9 Renewal Begins | 12/22/2024 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/22/2025 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/22/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/22/2034 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/22/2035 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/22/2036 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/22/2044 |

NUTRACAP HOLDINGS, LLC
CH. 11 CASE NO. 25-50430
SCHEDULE A/B, Q. 64 EXHIBIT
OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY

| | | | | | | | | | | |
|-------------|-------------------------------|---------------|------------|-----------|--|------------|------------------------|-------------------------|--|--|
| RN/5552119 | KETO-FX | United States | 87/533,033 | 5,552,119 | Registered | 08/28/2018 | Jessica H. Leach | Registered | Section 8 and 15 Declarations Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 02/28/2025 08/28/2027 08/28/2028 02/28/2029 08/28/2037 08/28/2038 02/28/2039 |
| RN/5520978 | KEWLIFY | United States | 87/535,388 | 5,520,978 | Registered | 07/17/2018 | Jessica H. Leach | Client request to lapse | | |
| Australia | KEYZ | Australia | 2002030 | | Registered: Registered/protected | | Stellar Law Pty Ltd | New Application Filed | Renewal Period Begins Renewal Period Ends Renewal Grace Period Ends Renewal Period Begins Renewal Period Ends Renewal Grace Period Ends | 04/19/2028 04/19/2029 10/19/2029 04/19/2038 04/19/2039 10/19/2039 |
| RN/5718114 | KEYZ | United States | 88/142,609 | 5,718,114 | Registered | 04/02/2019 | Jessica H. Leach | Registered | Reminder (4 months) Reminder (2 months) Reminder (1 month) Reminder Section 8 and 15 Declarations End Section 8 and 15 Declarations Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 12/02/2024 02/02/2025 03/02/2025 03/19/2025 04/02/2025 10/02/2025 04/02/2028 04/02/2029 10/02/2029 04/02/2038 04/02/2039 10/02/2039 |
| SN86937454 | LEAN A.M. | United States | 86/937,454 | 5,130,428 | Cancelled - Section 8 | 08/04/2023 | Jessica H. Leach | Client request to lapse | | |
| RN5102048 | LEANGBB | United States | 86/949,291 | 5,102,048 | Section 8 & 15 - Accepted and Acknowledged | 06/07/2023 | Jessica H. Leach | Section 8 & 15 Accepted | Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 12/13/2025 12/13/2026 06/13/2027 12/13/2035 12/13/2036 06/13/2037 |
| 86633645 | LOCO | United States | 86/633,645 | 4,874,231 | Section 8 & 15 - Accepted and Acknowledged | 06/10/2022 | Jessica H. Leach, Esq. | | Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 12/22/2024 12/22/2025 06/22/2026 12/22/2034 12/22/2035 06/22/2036 12/22/2044 |
| RN/4621322 | LUNAMAX | United States | 86/297,908 | 4,621,322 | Section 8 & 15 - Accepted and Acknowledged | 01/26/2021 | Jessica H. Leach | Client request to lapse | | |
| RN/5073397 | M | United States | 87/045,228 | 5,073,397 | Cancelled - Section 8 | 05/12/2023 | Jessica H. Leach, Esq. | Client request to lapse | | |
| RN/5586324 | M | United States | 87/910,294 | 5,586,324 | Registered | 10/16/2018 | Jessica H. Leach, Esq. | Registered | Section 8 and 15 Declarations End Section 8 and 15 Declarations Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 10/16/2024 04/16/2025 10/16/2027 10/16/2028 04/16/2029 10/16/2037 10/16/2038 04/16/2039 |
| SN/90904604 | MAD VILLAIN | United States | 90/904,604 | | Abandoned - No Statement Of Use Filed | 12/05/2022 | Jessica H. Leach | Abandoned | | |
| SN88666104 | MAGIC ERASER THE FAT VANISHER | United States | 88/666,104 | 6,162,050 | Registered | 09/29/2020 | Jessica H. Leach | | Section 8 and 15 Declarations Begin Section 8 and 15 Declarations End Section 8 and 15 Declarations Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 09/29/2025 09/29/2026 03/29/2027 09/29/2029 09/29/2030 03/29/2031 09/29/2039 09/29/2040 03/29/2041 |

NUTRACAP HOLDINGS, LLC
CH. 11 CASE NO. 25-50430
SCHEDULE A/B, Q. 64 EXHIBIT
OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY

| | | | | | | | | | | |
|----------------|----------------|---------------|------------|---------------|---------------------------------------|------------|------------------------|-------------------------|--|------------|
| SN88156423 | MAGIC STICK | United States | 88/156,423 | 5,830,264 | Registered | 08/06/2019 | Jessica H. Leach | | Section 8 and 15 Declarations Begin | 08/06/2024 |
| | | | | | | | | | Section 8 and 15 Declarations End | 08/06/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 02/06/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 08/06/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 08/06/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 02/06/2030 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 08/06/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 08/06/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 02/06/2040 |
| 88374594 | MARTIAN | United States | 88/374,594 | 6,020,345 | Registered | 03/24/2020 | Jessica H. Leach, Esq. | | Section 8 and 15 Declarations Begin | 03/24/2025 |
| | | | | | | | | | Section 8 and 15 Declarations End | 03/24/2026 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 09/24/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 03/24/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 03/24/2030 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 09/24/2030 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 03/24/2039 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 03/24/2040 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 09/24/2040 |
| RN/4994430 | MEGA LABS | United States | 86/597,707 | 4,994,430 | Cancelled - Section 8 | 01/20/2023 | Jessica H. Leach | Client request to lapse | | |
| RN/5757658 | MENTIS EXTREME | United States | 88/156,853 | 5,757,658 | Registered | 05/21/2019 | Jessica H. Leach | Registered | Reminder (6 months) | 11/21/2024 |
| | | | | | | | | | Reminder (4 months) | 01/21/2025 |
| | | | | | | | | | Reminder (2 months) | 03/21/2025 |
| | | | | | | | | | Reminder (1 month) | 04/21/2025 |
| | | | | | | | | | Reminder | 05/07/2025 |
| | | | | | | | | | Section 8 and 15 Declarations End | 05/21/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 11/21/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 05/21/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 05/21/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 11/21/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 05/21/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 05/21/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 11/21/2039 |
| RN/5237822 | METAFORM ONE | United States | 86/892,548 | 5,237,822 | Cancelled - Section 8 | 01/19/2024 | Jessica H. Leach | Client request to lapse | | |
| SN/90720929 | MODSUPPS | United States | 90/720,929 | | Abandoned - No Statement Of Use Filed | 06/26/2023 | Jessica H. Leach | Client request to lapse | | |
| SN88156776 | MV ONE | United States | 88/156,776 | 5,987,487 | Registered | 02/18/2020 | Jessica H. Leach | | Section 8 and 15 Declarations Begin | 02/18/2025 |
| | | | | | | | | | Section 8 and 15 Declarations End | 02/18/2026 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 08/18/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 02/18/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 02/18/2030 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 08/18/2030 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 02/18/2039 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 02/18/2040 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 08/18/2040 |
| RN/4566384 | MYOBLOX | United States | 85/907,551 | 4,566,384 | Registered And Renewed | 02/21/2024 | Jessica H. Leach, Esq. | Section 8 & 9 Accepted | Section 8 Declaration and Section 9 Renewal Begins | 07/15/2033 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 07/15/2034 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 01/15/2035 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 07/15/2043 |
| SN/97604323 | N NUTRACAP | United States | 97/604,323 | | Published For Opposition | 12/10/2024 | JESSICA H. LEACH | Notice of Publication | Publication period ends | 01/09/2025 |
| RN/5622816 | NUTRACAP LABS | United States | 87929367 | 5622816 | Registered | 12/04/2018 | Jessica H. Leach | Section 8 & 15 filed | Section 8 Declaration and Section 9 Renewal Begins | 12/04/2027 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/04/2028 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/04/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/04/2037 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/04/2038 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/04/2039 |
| Australia | NUTRASKIN | Australia | | 2005851 | | | Stellar Law Pty Ltd | Registered | Renewal | 05/09/2029 |
| RN5951721 | NUTRASKIN | United States | 88/343,709 | 5,951,721 | Registered | 12/31/2019 | Jessica H. Leach | Registered | Section 8 and 15 Declarations Begin | 12/31/2024 |
| | | | | | | | | | Section 8 and 15 Declarations End | 12/31/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 06/30/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/31/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/31/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/30/2030 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 12/31/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 12/31/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 06/30/2040 |
| United Kingdom | NUTRASKIN | United | | UK00003416255 | | | Stobbs IP | Registered | Renewal | 07/24/2029 |

NUTRACAP HOLDINGS, LLC
CH. 11 CASE NO. 25-50430
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OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY

| | | | | | | | | | | |
|------------|-------------------|---------------|------------|-----------|--|------------|------------------------|-------------------------|--|------------|
| RN/4984843 | OMEGA LABS | United States | 86/596,224 | 4,984,843 | Cancelled - Section 8 | 01/06/2023 | Jessica H. Leach | Client request to lapse | | |
| SN87535450 | OPTIBOOST | United States | 87/535,450 | 6,066,488 | Registered | 06/02/2020 | Jessica H. Leach | | Section 8 and 15 Declarations Begin | 06/02/2025 |
| | | | | | | | | | Section 8 and 15 Declarations End | 06/02/2026 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 12/02/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 06/02/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 06/02/2030 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 12/02/2030 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 06/02/2039 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 06/02/2040 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 12/02/2040 |
| RN/5526136 | OPTILEAN | United States | 87/535,434 | 5,526,136 | Registered | 07/24/2018 | Jessica H. Leach | Client request to lapse | | |
| RN/4621321 | ORCHILEAN | United States | 86/297,556 | 4,621,321 | Section 8 & 15 - Accepted and Acknowledged | 01/26/2021 | Jessica H. Leach | Registered | Section 8 and 9 Grace Period Ends | 04/14/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 10/14/2033 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 10/14/2034 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 04/14/2035 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 10/14/2043 |
| RN/5167555 | OSMOJET | United States | 86/828,391 | 5,167,555 | Cancelled - Section 8 | 10/06/2023 | Jessica H. Leach, Esq. | Client request to lapse | | |
| SN88292848 | OXY GREENS | United States | 88/292,848 | 5,828,871 | Cancellation Terminated - See TTAB Records | 10/29/2024 | JESSICA H. LEACH | | Section 8 and 15 Declarations Begin | 08/06/2024 |
| | | | | | | | | | Section 8 and 15 Declarations End | 08/06/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 02/06/2026 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 08/06/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 08/06/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 02/06/2030 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 08/06/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 08/06/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 02/06/2040 |
| RN/5553575 | OXY LEAN | United States | 87/689,716 | 5,553,575 | Registered | 09/04/2018 | Jessica H. Leach | Registered | Section 8 and 15 Declarations Grace Period Ends | 03/04/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 09/04/2027 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 09/04/2028 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 03/04/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 09/04/2037 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 09/04/2038 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 03/04/2039 |
| RN/5486602 | OXY LEAN COMPLETE | United States | 87/689,783 | 5,486,602 | Cancelled - Section 8 | 12/20/2024 | Jessica H. Leach | Client request to lapse | | |
| RN/5685381 | MEAL PRO | United States | 88/028,009 | 5,685,381 | Registered | 02/26/2019 | Jessica H. Leach | Registered | Reminder (2 months) | 12/26/2024 |
| | OXY LEAN PM | | | | | | | | Reminder (1 month) | 01/26/2025 |
| | | | | | | | | | Reminder | 02/12/2025 |
| | | | | | | | | | Section 8 and 15 Declarations End | 02/26/2025 |
| | | | | | | | | | Section 8 and 15 Declarations Grace Period Ends | 08/26/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 02/26/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 02/26/2029 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 08/26/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 02/26/2038 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 02/26/2039 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 08/26/2039 |
| RN/5454750 | OXYLEAN ELITE | United States | 87/357,604 | 5,454,750 | Registered | 04/24/2018 | Jessica H. Leach | Section 8 & 15 filed | Section 8 Declaration and Section 9 Renewal Begins | 04/24/2027 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 04/24/2028 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 10/24/2028 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 04/24/2037 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 04/24/2038 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 10/24/2038 |
| RN/5183858 | PREMIUM ISO | United States | 87/234,099 | 5,183,858 | Cancelled - Section 8 | 10/27/2023 | Jessica H. Leach | Client request to lapse | | |
| RN/5381988 | PREUP | United States | 87/234,092 | 5,381,988 | Cancelled - Section 8 | 07/26/2024 | Jessica H. Leach | Client request to lapse | | |
| RN/5366153 | PUMPUP | United States | 87/234,297 | 5366153 | Cancelled - Section 8 | 07/12/2024 | Jessica H. Leach | Client request to lapse | | |
| RN/5556967 | PUREKETO | United States | 87/617,116 | 5,556,967 | Registered | 09/04/2018 | Jessica H. Leach | Registered | Section 8 and 15 Declarations Grace Period Ends | 03/04/2025 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 09/04/2027 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 09/04/2028 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 03/04/2029 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Begins | 09/04/2037 |
| | | | | | | | | | Section 8 Declaration and Section 9 Renewal Ends | 09/04/2038 |
| | | | | | | | | | Section 8 and 9 Grace Period Ends | 03/04/2039 |

NUTRACAP HOLDINGS, LLC
CH. 11 CASE NO. 25-50430
SCHEDULE A/B, Q. 64 EXHIBIT
OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY

| | | | | | | | | | | |
|-------------------------|----------------------------|----------------------------|-----------------------|-----------|---|------------|---|-------------------------|---|--|
| 88245224 | RUBIX | United States | 88/245,224 | 5,794,619 | Registered | 07/02/2019 | Jessica H. Leach, Esq. | | Section 8 and 15 Declarations Begin Section 8 and 15 Declarations End Section 8 and 15 Declarations Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 07/02/2024 07/02/2025 01/02/2026 07/02/2028 07/02/2029 01/02/2030 07/02/2038 07/02/2039 01/02/2040 |
| SN88142654 | SKULL DUST | United States | 88/142,654 | 5,789,841 | Registered | 06/25/2019 | Jessica H. Leach | | Section 8 and 15 Declarations Begin Section 8 and 15 Declarations End Section 8 and 15 Declarations Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 06/25/2024 06/25/2025 12/25/2025 06/25/2028 06/25/2029 12/25/2029 06/25/2038 06/25/2039 12/25/2039 |
| Australia | SKULLDUST | Australia | 2002031 | | Registered: Registered/protected | | Stellar Law Pty Ltd | New Application Filed | Renewal Period Begins Renewal Period Ends Renewal Grace Period Ends Renewal Period Begins Renewal Period Ends Renewal Grace Period Ends | 04/19/2028 04/19/2029 10/19/2029 04/19/2038 04/19/2039 10/19/2039 |
| RN/7467922 | SKYWALK | United States | 98132755 | 7467922 | Registered | 08/06/2024 | Jessica H. Leach | Registered | Section 8 and 15 Declarations Begin Section 8 and 15 Declarations End Section 8 and 15 Declarations Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends | 08/06/2029 08/06/2030 02/06/2031 08/06/2033 08/06/2034 02/06/2035 08/06/2043 08/06/2044 |
| RN/5387819 | SLR NUTRITION | United States | 87/219,456 | 5,387,819 | Cancelled - Section 8 | 08/02/2024 | Jessica H. Leach | Client request to lapse | | |
| Australia SN88156404 | SUPER NATTY SUPER NATTY | Australia United States | 2002032 88/156,404 | 5,802,452 | Lapsed: Not Accepted Registered | 07/09/2019 | Stellar Law Pty Ltd Jessica H. Leach | New Application Filed | Section 8 and 15 Declarations Begin Section 8 and 15 Declarations End Section 8 and 15 Declarations Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 07/09/2024 07/09/2025 01/09/2026 07/09/2028 07/09/2029 01/09/2030 07/09/2038 07/09/2039 01/09/2040 |
| 88245226 | SUPRA | United States | 88/245,226 | 5,806,542 | Registered | 07/16/2019 | Jessica H. Leach, Esq. | | Section 8 and 15 Declarations Begin Section 8 and 15 Declarations End Section 8 and 15 Declarations Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 07/16/2024 07/16/2025 01/16/2026 07/16/2028 07/16/2029 01/16/2030 07/16/2038 07/16/2039 01/16/2040 |
| RN/4944609 | TETRA | United States | 86/652,423 | 4,944,609 | Cancelled - Section 8 | 11/11/2022 | Jessica H. Leach, Esq. | Client request to lapse | | |
| SN/98259398 | TETRA | United States | 98259398 | | Suspension Letter - Mailed | 06/28/2024 | Jessica H. Leach | Suspension Letter | | |
| RN/4938214 | THERMO V | United States | 86/580,325 | 4,938,214 | Section 8 & 15 - Accepted and Acknowledged | 04/21/2023 | Jessica H. Leach | Section 8 & 15 Accepted | Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 04/12/2025 04/12/2026 10/12/2026 04/12/2035 04/12/2036 10/12/2036 |
| SN/90721327 | THERMOCRAVE | United States | 90/721,327 | | Abandoned - Failure To Respond Or Late Response | 08/26/2022 | Jessica H. Leach | Client request to lapse | | |

NUTRACAP HOLDINGS, LLC
CH. 11 CASE NO. 25-50430
SCHEDULE A/B, Q. 64 EXHIBIT
OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY

| | | | | | | | | | | |
|-------------|----------------------|---------------|------------|-----------|--|------------|------------------------|-------------------------|---|--|
| 86676443 | TOMIDEX | United States | 86/676,443 | 4,874,495 | Section 8 & 15 - Accepted and Acknowledged | 06/10/2022 | Jessica H. Leach, Esq. | | Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins | 12/22/2024 12/22/2025 06/22/2026 12/22/2034 12/22/2035 06/22/2036 12/22/2044 |
| SN/90226179 | VILLAIN INDUSTRIES | United States | 90/226,179 | | Abandoned - No Statement Of Use Filed | 06/03/2024 | Jessica H. Leach | Abandoned | | |
| Australia | WAND | Australia | 2002033 | | Registered: Registered/protected | | Stellar Law Pty Ltd | New Application Filed | Renewal Period Begins Renewal Period Ends Renewal Grace Period Ends Renewal Period Begins Renewal Period Ends Renewal Grace Period Ends | 04/19/2028 04/19/2029 10/19/2029 04/19/2038 04/19/2039 10/19/2039 |
| SN88343945 | WAND THE MAGIC STICK | United States | 88/343,945 | 5,872,610 | Registered | 10/01/2019 | Jessica H. Leach | | Section 8 and 15 Declarations Begin Section 8 and 15 Declarations End Section 8 and 15 Declarations Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 10/01/2024 10/01/2025 04/01/2026 10/01/2028 10/01/2029 04/01/2030 10/01/2038 10/01/2039 04/01/2040 |
| RN/5059692 | WEREWOLF BLOOD | United States | 87/053,860 | 5,059,692 | Cancelled - Section 8 | 04/21/2023 | Jessica H. Leach, Esq. | Client request to lapse | | |
| RN/7468940 | WEREWOLF BLOOD | United States | 98259389 | 7468940 | Registered | 08/06/2024 | Jessica H. Leach | Registered | Section 8 and 15 Declarations Begin Section 8 and 15 Declarations End Section 8 and 15 Declarations Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends | 08/06/2029 08/06/2030 02/06/2031 08/06/2033 08/06/2034 02/06/2035 08/06/2043 08/06/2044 |
| RN/5205684 | XO SERIES | United States | 86/828,385 | 5,205,684 | Section 8 & 15 - Accepted and Acknowledged | 05/20/2024 | Jessica H. Leach, Esq. | Section 8 & 15 Accepted | Section 8 Declaration and Section 9 Renewal Begins Reminder (6 months) Reminder (4 months) Reminder (2 months) Reminder (1 month) Reminder Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends Section 8 Declaration and Section 9 Renewal Begins Section 8 Declaration and Section 9 Renewal Ends Section 8 and 9 Grace Period Ends | 05/16/2026 11/16/2026 01/16/2027 03/16/2027 04/16/2027 05/02/2027 05/16/2027 11/16/2027 05/16/2036 05/16/2037 11/16/2037 |

Fill in this information to identify the case:

Debtor name Nutracap Holdings, LLC
 United States Bankruptcy Court for the: Northern District of Georgia
 Case number (if known): 25-50430

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 Creditor's name
First Horizon Bank
 Creditor's mailing address
165 Madison Avenue
Memphis, TN 38103
 Creditor's email address, if known

 Date debt was incurred _____
 Last 4 digits of account number 1234
 Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor,

Describe debtor's property that is subject to a lien

Blanket lien

\$ 17,000,000.00

\$ 0.00

Describe the lien

Agreement you made

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name
Gwinnett Co. Tax Commissioner
 Creditor's mailing address
75 Langley Drive
Lawrenceville, GA 30046
 Creditor's email address, if known

 Date debt was incurred 07/17/2024
 Last 4 digits of account number 8018
 Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines _____

Describe debtor's property that is subject to a lien

Blanket lien

\$ 9,767.72

\$ 0.00

Describe the lien

Judgment, FiFa Bk 6519 Pg 176; 2022 Busir

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 17,199,765.96

Debtor

Nutracap Holdings, LLC
Name

Case number (if known) 25-50430

Part 1: Additional Page

Column A
Amount of claim

Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 **Creditor's name**
Gwinnett Co. Tax Commissioner

Describe debtor's property that is subject to a lien

Creditor's mailing address

75 Langley Drive
Lawrenceville, GA 30046

Creditor's email address, if known

Blanket lien

\$20,936.26

\$0.00

Date debt was incurred 07/17/2024

Last 4 digits of account number 8018

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Judgment, FiFa Bk 6519 Pg 174; 2022 Busir

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines _____

2.4 **Creditor's name**
Gwinnett Co. Tax Commissioner

Describe debtor's property that is subject to a lien

Creditor's mailing address

75 Langley Drive
Lawrenceville, GA 30046

Creditor's email address, if known

Blanket lien

\$83,374.27

\$0.00

Date debt was incurred

Last 4 digits of account number 8016

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Judgment, FiFa Bk 6519 Pg 175; 2023 Busir

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines _____

Debtor

Nutracap Holdings, LLC
Name

Case number (if known) 25-50430

Part 1: Additional Page

Column A
Amount of claim

Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5 **Creditor's name**
Gwinnett Co. Tax Commissioner

Describe debtor's property that is subject to a lien

Blanket lien

\$352.59

\$0.00

Creditor's mailing address

75 Langley Drive
Lawrenceville, GA 30046

Creditor's email address, if known

Date debt was incurred 07/17/2024

Last 4 digits of account number 6461

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Judgment, FiFa Bk 6519 Pg 168; 2023 Busir

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

2.6 **Creditor's name**
Gwinnett Co. Tax Commissioner

Describe debtor's property that is subject to a lien

Blanket lien

\$84,109.42

\$0.00

Creditor's mailing address

75 Langley Drive
Lawrenceville, GA 30046

Creditor's email address, if known

Date debt was incurred 07/17/2024

Last 4 digits of account number 8016

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Judgment, FiFa Bk 6519 Pg 173; 2022 Busir

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

Debtor

Nutracap Holdings, LLC
Name

Case number (if known)

25-50430

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.7 **Creditor's name**
Gwinnett Co. Tax Commissioner

Describe debtor's property that is subject to a lien

Blanket lien

\$1,225.70

\$0.00

Creditor's mailing address

75 Langley Drive
Lawrenceville, GA 30046

Creditor's email address, if known

Date debt was incurred 03/05/2024

Last 4 digits of account number 1974

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Judgment, FiFa Bk 6417 Pg 63; 2023 Busine

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines _____

2. **Creditor's name**

Describe debtor's property that is subject to a lien

\$ _____

\$ _____

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

☐ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines _____

[illegible]

Fill in this information to identify the case:

Debtor Nutracap Holdings, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number 25-50430
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1 Priority creditor's name and mailing address**

Georgia Department of Labor
148 Andrew Young Inter. Blvd
Room 738
Atlanta, GA 30303-0000

As of the petition filing date, the claim is: \$ 0.00

Priority amount \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)**2.2 Priority creditor's name and mailing address**

Georgia Department of Revenue
1800 Century Blvd
Ste 9100
Atlanta, GA 30345

As of the petition filing date, the claim is: \$ 0.00

Priority amount \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)**2.3 Priority creditor's name and mailing address**

Gwinnett County Tax Commissioner
PO Box 372
Lawrenceville, GA 30046

As of the petition filing date, the claim is: \$ 355.97Priority amount \$ 355.97

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁴ Priority creditor's name and mailing address

\$0.00

\$

Internal Revenue Service
CIO
P.O. Box 7346
Philadelphia, PA 19101-7346

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. Priority creditor's name and mailing address

\$

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

\$

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | Amount of claim |
|------------|--|--|
| 3.1 | Nonpriority creditor's name and mailing address A to J Group LLC 111 AYERS DRIVER ROAD Villa Rica, GA 30180 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 1,490.78 |
| 3.2 | Nonpriority creditor's name and mailing address AA PHARMACHEM INC. USA 16885 West Bernardo Drive Suite 100 San Diego, CA 92127 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 29,146.25 |
| 3.3 | Nonpriority creditor's name and mailing address ABBOTT BLACKSTONE COMPANY 411 Cleveland St #198 Clearwater, FL 33755 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 2,314.70 |
| 3.4 | Nonpriority creditor's name and mailing address ADP 1155 Perimeter Center West Atlanta, GA 30338 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 1,511.04 |
| 3.5 | Nonpriority creditor's name and mailing address Advance Fire Inspection 3308 Peachtree Industrial Blvd Duluth, GA 30096 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 475.04 |
| 3.6 | Nonpriority creditor's name and mailing address AFS PO BOX 18410 SHREVEPORT, LA 71138 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 10,864.05 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁷ Nonpriority creditor's name and mailing address

AHB US LLC
100 Canal Pointe Blvd suite 204
Princeton, NJ 8540

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 7,100.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸ Nonpriority creditor's name and mailing address

AlfaCaps
151 1st Ave #115
New York, NY 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 60,900.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹ Nonpriority creditor's name and mailing address

Alkemist Labs
12661 Hoover St
Garden Grove, CA 92841

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 13,695.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹⁰ Nonpriority creditor's name and mailing address

Amelic e Servicos Ltda
420 Alameda Oscar Niemeyer
Room 405 Nova Lima 34.006-049
Brazil

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,000.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹¹ Nonpriority creditor's name and mailing address

AMERICAN RIVER NUTRITION, LLC
333 Venture Way
Hadley, MA 1035

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,950.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹² Nonpriority creditor's name and mailing address

American World Trade
45 N. Broad St Suite 401
Ridgewood, NJ 7450

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 420.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹³ Nonpriority creditor's name and mailing address

AmTrust North America
PO Box 6939
Cleveland, OH 44101

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,068.10

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁴ Nonpriority creditor's name and mailing address

Analytical Resource Laboratories - ARL
520 South 850 East Suite B3
Lehi, UT 84043

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,249.04

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁵ Nonpriority creditor's name and mailing address

Anderson Advanced Ingredients
2030 Main Street Suite 430
Irvine, CA 92614

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,700.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁶ Nonpriority creditor's name and mailing address

ARISTA INDUSTRIES INC
557 Danbury Road
Wilton, CT 6897

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,450.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|------------------|---|--|--------------|
| 3. ¹⁷ | Nonpriority creditor's name and mailing address AstaReal Inc 7761 Randolph Rd. NE Mose Lake, WA 98837 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 3,000.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁸ | Nonpriority creditor's name and mailing address Atlantic Trailer Leasing and Sales, LLC P.O. Box 3737 Lilburn, GA 30048 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 371.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁹ | Nonpriority creditor's name and mailing address BannerBio Unit B 1/F West Section 2 Bldg 25th Keyuan West No.5 Kezhi West Rd Nanshan District Shenzhen China | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 2,730.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ²⁰ | Nonpriority creditor's name and mailing address Batory Foods P. O. Box 75162 Chicago, IL 60675-5162 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 20,786.32 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ²¹ | Nonpriority creditor's name and mailing address Bella Printing, LLC c/o Joey Sanducci Ryan & Jacobs 5465 Legacy Drive, Ste. 650 Plano, TX 75024 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$ 11,296.99 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|--------------|--|---|---------------|
| 3. <u>22</u> | Nonpriority creditor's name and mailing address Benchmark Automation P. O. Box 932813 Cleveland, OH 44193 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 180.66 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <u>23</u> | Nonpriority creditor's name and mailing address Bennett Graphics 125 Royal Woods Court Suite 100 Tucker, GA 30084 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 183,560.62 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <u>24</u> | Nonpriority creditor's name and mailing address Berlin Packaging P. O. Box 74007164 Chicago, IL 60674-7164 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 136,600.60 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <u>25</u> | Nonpriority creditor's name and mailing address Berry Virtual/Med Virtual 21731 Ventura Blvd Suite #100 Woodland Hills, CA 91364 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 4,558.10 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. <u>26</u> | Nonpriority creditor's name and mailing address Beyer Graphics Inc. 30 Austin Blvd. Commack, NY 11725 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 46,407.33 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|------------------|--|---|--------------|
| 3. ²⁷ | Nonpriority creditor's name and mailing address Bio Peptek 5 Great Valley Parkway Suite 100 Malvern, PA 19355 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 34,976.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ²⁸ | Nonpriority creditor's name and mailing address Blake & Pendleton Compressed Air Systems 2125 JASON IND. PKWY. WINSTON, GA 30187 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 2,882.20 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ²⁹ | Nonpriority creditor's name and mailing address bld.ai 621 NW 53rd St Suite 240 Boca Raton, FL 33487 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 2,185.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ³⁰ | Nonpriority creditor's name and mailing address Blossman Gas & Appliance 4319 Mundy Mill Road Oakwood, GA 30566 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 859.84 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ³¹ | Nonpriority creditor's name and mailing address Bulk Apothecary 115 Lena Drive Aurora, OH 44202 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 11,965.92 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|------------------|---|---|---------------|
| 3. ³² | Nonpriority creditor's name and mailing address Butter Buds Food Ingredients 2330 Chicory Road Racine, WI 53403 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 312.51 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ³³ | Nonpriority creditor's name and mailing address C2C Nutra, LLC PO Box 932 Clifton, NJ 7014 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 18,163.43 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ³⁴ | Nonpriority creditor's name and mailing address Caine & Weiner Company Inc. 5805 Sepulveda Blvd. 4th Floor Sherman Oaks, CA 91411 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 139,609.51 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ³⁵ | Nonpriority creditor's name and mailing address Catalyst Nutraceuticals 1720 Peachtree Industrial Blvd Buford, GA 30518 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 8.40 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ³⁶ | Nonpriority creditor's name and mailing address Central Nervous Systems #301-780 Beatty Street Vancouver BC V6B 2M1 Canada, BC | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 930.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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|------------------|--|--|---------------|
| 3. ³⁷ | Nonpriority creditor's name and mailing address Century Fire Protection 2450 Satellite Blvd Div 8 Duluth, GA 30096 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 905.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ³⁸ | Nonpriority creditor's name and mailing address Certified Laboratories 3218 Commander Drive Carrollton, TX 75006 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 220,853.55 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ³⁹ | Nonpriority creditor's name and mailing address Charles Bowman Co. PO Box 775343 Chicago, IL 60677 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$ 10,492.61 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁴⁰ | Nonpriority creditor's name and mailing address CI ATL III-GW, LLC c/o ColFin 2018-7 Industrial Owner PO Box 208383 Dallas, TX 75320-8383 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 58,426.54 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁴¹ | Nonpriority creditor's name and mailing address Cintas P. O. Box 636525 Cincinnati, OH 45263-6525 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 6,574.66 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴² Nonpriority creditor's name and mailing address

Clariant Corporation
101 Christine Dr
Belen, NM 87002

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,467.42

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴³ Nonpriority creditor's name and mailing address

Coasta Tanning Resort
c/o The Law Offices of James E Nash Jr LLC
3487 English Oaks Drive
Kennesaw, GA 30144

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 4,341.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁴ Nonpriority creditor's name and mailing address

Colmaric Analyticals Llc
3235 Fairfield Avenue South Suite A
Saint Petersburg, FL 33712

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,625.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁵ Nonpriority creditor's name and mailing address

Colonial Energy INC-Georgia
2985 Highway 17
Clarksville, GA 30523

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 95.69

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁶ Nonpriority creditor's name and mailing address

Comcast Business
PO Box 530098
Atlanta, GA 30353-0098

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ 1,248.34

Basis for the claim: Utility Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|---|--|---------------------|
| <p>3. ⁴⁷ Nonpriority creditor's name and mailing address</p> <p>Container and Packaging 1345 E. State Street Eagle, ID 83616</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 7,340.27</p> |
| <p>3. ⁴⁸ Nonpriority creditor's name and mailing address</p> <p>Craftsman Chemical 245 Advanced Drive Springboro, OH 45066</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 1,399.50</p> |
| <p>3. ⁴⁹ Nonpriority creditor's name and mailing address</p> <p>CREATIVE BIOMART INC 45-1 Ramsey Rooda Shirley, NY 11967</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 1,169.00</p> |
| <p>3. ⁵⁰ Nonpriority creditor's name and mailing address</p> <p>Creative Compounds P.O. Box 4011 Scott City, MO 63780</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 16,340.00</p> |
| <p>3. ⁵¹ Nonpriority creditor's name and mailing address</p> <p>Creative Enzymes 45-1 Ramsey Rd Shirley, NY 11967</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 952.00</p> |

Part 2: Additional Page

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Amount of claim

3. ⁵² Nonpriority creditor's name and mailing address

Daane Labs
4795 Enterprise Ave
Naples, FL 34104

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 10,563.75

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁵³ Nonpriority creditor's name and mailing address

Daniel L Blasczyk
10595 Veterans Memorial Highway
Lithia Springs, GA 30122

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,000.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁵⁴ Nonpriority creditor's name and mailing address

David Bromwich
c/o Brad Fallon|Fallon Law PC
1201 W. Peachtree St NW Ste 2625
Atlanta, GA 30309

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ 0.00

Basis for the claim: For Notice Purposes Only

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁵⁵ Nonpriority creditor's name and mailing address

DHL EXPRESS
16592 COLLECTIONS CENTER DR
Chicago, IL 60693

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,231.27

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁵⁶ Nonpriority creditor's name and mailing address

dialpad Inc
12935 Alcosta Blvd Box 559
San Ramon, CA 94583

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 400.52

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

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Amount of claim

3. ⁵⁷ Nonpriority creditor's name and mailing address

Digital Imaging Systems Inc
PO Box 1310
Norcross, GA 30091

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,415.30

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁵⁸ Nonpriority creditor's name and mailing address

DIVI'S LABORATORIES USA, INC.
325 Columbia Turnpike Suite 305
Florham Park, NJ 7932

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 11,170.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁵⁹ Nonpriority creditor's name and mailing address

DUTCH VALLEY FOODS, INC.
PO Box 4657615
Myerstown, PA 17067

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 410.48

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶⁰ Nonpriority creditor's name and mailing address

Dyad Labs
1945 S Fremont Dr
Salt Lake City, UT 84104

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 172,296.68

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶¹ Nonpriority creditor's name and mailing address

ECA Pinnacle
1260 E. Locust St. Suite 302
Ontario, CA 91761

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,400.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

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Amount of claim

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|------------------|--|---|---------------|
| 3. ⁶² | Nonpriority creditor's name and mailing address Environmental Research Center (ERC) 306 Joy Street Fort Oglethorpe, GA 30742 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 116,000.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁶³ | Nonpriority creditor's name and mailing address Essential Wholesale and Labs 2538 NW 22nd Place Portland, OR 97210 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 655.03 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁶⁴ | Nonpriority creditor's name and mailing address Eurofins Food Chemistry Testing Madison, Inc.** PO BOX 1482 Carol Stream, IL 60132 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 562.48 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁶⁵ | Nonpriority creditor's name and mailing address FCC Products, Inc. 106 Naylor Avenue Livingston, NJ 07039 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 18.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁶⁶ | Nonpriority creditor's name and mailing address Federal Express PO Box 660481 Dallas, TX 75266-0481 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 32.63 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

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|------------------|--|--|--------------|
| 3. ⁶⁷ | Nonpriority creditor's name and mailing address FIBER RESEARCH INTERNATIONAL LLC 860 Johnson Ferry Road Suite 140156 Atlanta, GA 30342 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$ 11,561.30 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁶⁸ | Nonpriority creditor's name and mailing address Flavor Insights 4795 Industrial Way Benicia, CA 94510 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 107.60 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁶⁹ | Nonpriority creditor's name and mailing address Food Safety Net Services P.O. Box 736407 Dallas, TX 75373-6407 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 78,947.95 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁷⁰ | Nonpriority creditor's name and mailing address Formulator Sample Shop 135 Joshua Ct Lincolnton, NC 28092 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 5,808.18 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁷¹ | Nonpriority creditor's name and mailing address Fortis Solutions Group 1174 Hayes Industrial Drive Marietta, GA 30062 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 9,342.64 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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|------------------|--|---|---------------|
| 3. ⁷² | Nonpriority creditor's name and mailing address Freemen Nutra Group, LLC fka Shanghai Freemen Americas LL 200 Metroplex Dr Ste 402 Edison, NJ 08817 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Settlement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____ | \$ 320,000.00 |
| 3. ⁷³ | Nonpriority creditor's name and mailing address From Nature With Love 341 Christian Street Oxford, CT 6478 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____ | \$ 105.06 |
| 3. ⁷⁴ | Nonpriority creditor's name and mailing address FULLER Enterprise USA Inc 1735 E Grevillea Ct Ontario, CA 91761 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____ | \$ 1,048.50 |
| 3. ⁷⁵ | Nonpriority creditor's name and mailing address Gelnex 30 N. Michigan Ave Ste 505 Chicago, IL 60602 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____ | \$ 7,535.09 |
| 3. ⁷⁶ | Nonpriority creditor's name and mailing address Georgia Industrial Tire 3575 McCall Place Doraville, GA 30340 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____ | \$ 479.36 |

Part 2: Additional Page

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Amount of claim

| | | | |
|------------------|--|---|---------------|
| 3. ⁷⁷ | Nonpriority creditor's name and mailing address Georgia Power 241 Ralph McGill Blvd Atlanta, GA 30308 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 10,861.87 |
| | Basis for the claim: Utility Services | | |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number _____ | | |
| 3. ⁷⁸ | Nonpriority creditor's name and mailing address Glanbia Nutritionals c/o Glanbia Business Services Inc. Dept. 3331 Carol Stream, IL 60132-3331 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 19,184.14 |
| | Basis for the claim: Suppliers or Vendors | | |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number _____ | | |
| 3. ⁷⁹ | Nonpriority creditor's name and mailing address GLOBALTEK EQUIPMENT LLC 7354 NW 35TH STREET MIAMI, FL 33122 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 466.05 |
| | Basis for the claim: Suppliers or Vendors | | |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number _____ | | |
| 3. ⁸⁰ | Nonpriority creditor's name and mailing address GOLDEN PEANUT AND TREE NUTS 100 North Point Center East suite 400 Alpharetta, GA 30022 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 3,194.25 |
| | Basis for the claim: Suppliers or Vendors | | |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number _____ | | |
| 3. ⁸¹ | Nonpriority creditor's name and mailing address Gopher Mats LLC, Viking Mat Company 7480 Flying Cloud Drive Suite 400 Eden Prairie, MN 55344 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 247,500.13 |
| | Basis for the claim: Suppliers or Vendors | | |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number _____ | | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

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|------------------|--|---|--------------|
| 3. ⁸² | Nonpriority creditor's name and mailing address Gwinnett County Dept of Water Resources 684 Winder Hwy Lawrenceville, GA 30045 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 145.17 |
| | Basis for the claim: Utility Services | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Date or dates debt was incurred _____ | | |
| | Last 4 digits of account number _____ | | |
| 3. ⁸³ | Nonpriority creditor's name and mailing address H&M USA 80 Gordon Drive Syosset, NY 11791 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 27,825.00 |
| | Basis for the claim: Suppliers or Vendors | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Date or dates debt was incurred _____ | | |
| | Last 4 digits of account number _____ | | |
| 3. ⁸⁴ | Nonpriority creditor's name and mailing address HealthCaps, LLC 7345 West 20th Ave Hialeah, FL 33014 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 81,930.02 |
| | Basis for the claim: Suppliers or Vendors | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Date or dates debt was incurred _____ | | |
| | Last 4 digits of account number _____ | | |
| 3. ⁸⁵ | Nonpriority creditor's name and mailing address Hear Nature No. 37, Keji Road Xi'an 710075 China | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 176.00 |
| | Basis for the claim: Suppliers or Vendors | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Date or dates debt was incurred _____ | | |
| | Last 4 digits of account number _____ | | |
| 3. ⁸⁶ | Nonpriority creditor's name and mailing address Hi-Tech Pharmaceuticals, Inc. 6015-B Unity Dr. Norcross, GA 30071 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 33,690.10 |
| | Basis for the claim: Suppliers or Vendors | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Date or dates debt was incurred _____ | | |
| | Last 4 digits of account number _____ | | |

Part 2: Additional Page

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Amount of claim

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|------------------|---|---|---------------|
| 3. ⁸⁷ | Nonpriority creditor's name and mailing address HM Peachtree Corners I LLC PO Box 32149 New York, NY 10087-2149 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 172,320.79 |
| | Basis for the claim: | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Date or dates debt was incurred _____ | | |
| | Last 4 digits of account number _____ | | |
| 3. ⁸⁸ | Nonpriority creditor's name and mailing address HMI Atlanta V LLC PO Box 35251 Newark, NJ 07193-5251 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 27,379.45 |
| | Basis for the claim: | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Date or dates debt was incurred _____ | | |
| | Last 4 digits of account number _____ | | |
| 3. ⁸⁹ | Nonpriority creditor's name and mailing address Honeyrun Farm 644 High St Worthington, OH 43085 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 1,750.00 |
| | Basis for the claim: Suppliers or Vendors | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Date or dates debt was incurred _____ | | |
| | Last 4 digits of account number _____ | | |
| 3. ⁹⁰ | Nonpriority creditor's name and mailing address Howard Brothers PO Box 5044 Duluth, GA 30096 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 920.91 |
| | Basis for the claim: Suppliers or Vendors | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Date or dates debt was incurred _____ | | |
| | Last 4 digits of account number _____ | | |
| 3. ⁹¹ | Nonpriority creditor's name and mailing address Hygiena 1801 W Olympic Blvd # File 2007 Pasadena, CA 91199 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 3,817.55 |
| | Basis for the claim: Suppliers or Vendors | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| | Date or dates debt was incurred _____ | | |
| | Last 4 digits of account number _____ | | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

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|------------------|---|---|---------------|
| 3. ⁹² | Nonpriority creditor's name and mailing address INDENA USA 601 Union Street Suite 330 Seattle, WA 98101 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 18,000.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁹³ | Nonpriority creditor's name and mailing address Index Encapsulation Equipment, LLC 1610 Republic Road Huntingdon Villet, PA 17067 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 1,283.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁹⁴ | Nonpriority creditor's name and mailing address Indian Brook Industrial Inc P.O. Box 6149 Hicksville, NY 11802-6149 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 20,540.85 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁹⁵ | Nonpriority creditor's name and mailing address INGREDIENTS ONLINE 13875 Cerritos Corporate Drive Suite A Cerritos, CA 90703 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 188,265.50 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁹⁶ | Nonpriority creditor's name and mailing address ISA Inc. - Islamic Services of America PO Box 8268 Cedar Rapids, IA 52408 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 8,305.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

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|-------------------|--|--|--------------|
| 3. ⁹⁷ | Nonpriority creditor's name and mailing address JHD Corp 2077 S Vineyard Ave Ontario, CA 91761 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 250.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁹⁸ | Nonpriority creditor's name and mailing address JiaHerb 1 Chapin Road Unit 1 Pine Brook, NJ 7058 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 38,027.50 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ⁹⁹ | Nonpriority creditor's name and mailing address John Wesley Houser c/o Brad Fallon Fallon Law PC 1201 W. Peachtree St NW Ste 2625 Atlanta, GA 30309 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$ 0.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁰⁰ | Nonpriority creditor's name and mailing address Lab Alley 12501 Pauls Valley Road Suite A Austin, TX 78737 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 81.39 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁰¹ | Nonpriority creditor's name and mailing address LBB Specialties Holding LLC 601 Merritt 7 1st Floor Norwalk, CT 6851 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 4,773.32 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

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|--|--|--------------|
| 3. ¹⁰² Nonpriority creditor's name and mailing address Lonza Consumer Health Inc / Capsugel P. O. Box 640091 Pittsburgh, PA 15264 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____ | \$ 37,263.00 |
| 3. ¹⁰³ Nonpriority creditor's name and mailing address lotioncrafter 48 Hope Ln Eastsound, WA 98245 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____ | \$ 6,878.05 |
| 3. ¹⁰⁴ Nonpriority creditor's name and mailing address Lucas Meyer Place de la Cite 2590 Boul. Laurier Tour Belle Courbureau 650 Quebec QC G1V 4M6 Canada | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____ | \$ 8,000.00 |
| 3. ¹⁰⁵ Nonpriority creditor's name and mailing address Macrocap Labs 975 Bennett Drive Longwood, FL 32750 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____ | \$ 37,298.12 |
| 3. ¹⁰⁶ Nonpriority creditor's name and mailing address Marburg Ind. 1207 Activity Drive Vista, CA 92081 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____ | \$ 666.50 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁰⁷ Nonpriority creditor's name and mailing address

Matexcel
17 RAMSEY ROAD STE 210
SHIRLEY, NY 11967

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,169.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁰⁸ Nonpriority creditor's name and mailing address

Maxsun Industries, Inc.
5595 Daniels Street Suite H
Chino, CA 91710

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 87.90

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁰⁹ Nonpriority creditor's name and mailing address

McMaster-Carr
PO Box 7690
Chicago, IL 60680

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,570.53

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹¹⁰ Nonpriority creditor's name and mailing address

McNaughton McKay Electric Company
PO Box 890976
Charlotte, NC 28289

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 123.35

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹¹¹ Nonpriority creditor's name and mailing address

MGT (former Layer 3 Communications)
1450 Oakbrook Dr Ste 900
Norcross, GA 30093

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,572.68

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|-------------------|--|---|--------------|
| 3. ¹¹² | Nonpriority creditor's name and mailing address MHC Truck Leasing PO Box 879269 Kansas City, MO 64187 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Truck Lease | \$ 10,729.69 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹¹³ | Nonpriority creditor's name and mailing address Mibelle Biochemistry 1 International Blvd Suite 715 Mahwah, NJ 7495 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 26,040.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹¹⁴ | Nonpriority creditor's name and mailing address MID CONSTRUCTION AND RENOVATIONS 3259 Peachtree Corners Cir A Norcross, GA 30092 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 1,323.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹¹⁵ | Nonpriority creditor's name and mailing address Mill Haven Foods 211 Leer St. New Lisbon, WI 53950 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 30,709.94 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹¹⁶ | Nonpriority creditor's name and mailing address MILLION HERBS LLP No.18 First Floor Masilamani Nagar India | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 732.73 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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|-------------------|---|---|---------------|
| 3. ¹¹⁷ | Nonpriority creditor's name and mailing address MOUNTAIN ROSE HERBS PO Box 50220 Eugene, OR 97405 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 146.73 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹¹⁸ | Nonpriority creditor's name and mailing address NAMMEX - North American Reishi PO Box 1780 Gibson BC V0N 1V0 Canada | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 1,444.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹¹⁹ | Nonpriority creditor's name and mailing address Nash Commercial Incorporated 3131 Piedmont Road Suite 200 Atlanta, GA 30305 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 400,209.62 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹²⁰ | Nonpriority creditor's name and mailing address National Measures PO Box 1149 Lakeville, MN 55044 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 844.29 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹²¹ | Nonpriority creditor's name and mailing address Naturally Thinking Little Woodcote Estate 38A Telegraph Track Carshalton, Wallington SM6 0SH, United Kingdom | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 5,090.26 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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|-------------------|--|---|-------------|
| 3. ¹²² | Nonpriority creditor's name and mailing address Neogen 620 Leshar Place Lansing, MI 48912 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 300.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹²³ | Nonpriority creditor's name and mailing address Nexira Inc. 15 Somerset Street Somerville, NJ 8876 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 6,459.88 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹²⁴ | Nonpriority creditor's name and mailing address NFP PROCESSING LLC PO Box 2961723 Route 17A Florida, NY 10921 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 200.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹²⁵ | Nonpriority creditor's name and mailing address NiuSource Inc. 14266 Euclid Ave. Chino, CA 91710 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 375.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹²⁶ | Nonpriority creditor's name and mailing address NNB Nutrition No. 270 Jiqingmen St Suning Huigu Bldg E6 Room 2105 Nanjing, 210017 China | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 9,300.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

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| <p>3. ¹²⁷ Nonpriority creditor's name and mailing address</p> <p>Norcross Tucker 85 700 N. Pearl Street Ste. N1650 Dallas, TX 75201</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 41,973.66</p> |
| <p>3. ¹²⁸ Nonpriority creditor's name and mailing address</p> <p>Nugen Packaging 23 Vreeland RD Suite 250 Florham Park, NJ 7932</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 2,630.60</p> |
| <p>3. ¹²⁹ Nonpriority creditor's name and mailing address</p> <p>Nukind Ingredients, Inc. 15411 West Waddell Road Ste. 102-190 Surprise, AZ 85379</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 19,000.00</p> |
| <p>3. ¹³⁰ Nonpriority creditor's name and mailing address</p> <p>Nutracap Labs, LLC c/o Brad Fallon Fallon Law PC 1201 W. Peachtree St NW Ste 2625 Atlanta, GA 30309</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: For Notice Purposes Only</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 0.00</p> |
| <p>3. ¹³¹ Nonpriority creditor's name and mailing address</p> <p>Nutraceuticals International 50 Sindler Avenue Little Falls, NJ 7424</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 63,811.22</p> |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

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| 3. ¹³² | Nonpriority creditor's name and mailing address Nutravative Ingredients 1305 North Watters Road Suite 180 Allen, TX 75013 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 98,172.25 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹³³ | Nonpriority creditor's name and mailing address Nutricargo 222 Getty Ave Clifton, NJ 7011 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 69.52 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹³⁴ | Nonpriority creditor's name and mailing address Omni Active Health Technologies, INC 67 East Park Place Suite 500 Morristown, NJ 7960 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 23,250.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹³⁵ | Nonpriority creditor's name and mailing address Omya Specialty Materials Inc P.O. Box 734749 Chicago, IL 60679-4749 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 3,750.50 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹³⁶ | Nonpriority creditor's name and mailing address OpenSesame Inc. 1629 SW Salmon Street Portland, OR 97205 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 17,000.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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| 3. ¹³⁷ | Nonpriority creditor's name and mailing address Oregon Tilth PO Box 368 Corvallis, OR 97339 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 934.24 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹³⁸ | Nonpriority creditor's name and mailing address Orkin 1007 Mansell Rd Ste E Roswell, GA 30076 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 7,920.61 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹³⁹ | Nonpriority creditor's name and mailing address Osage Food Products PO Box 743 Washington, MO 63090 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 1,171.98 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁴⁰ | Nonpriority creditor's name and mailing address packaging connection 4205 Trotters Way Alpharetta, GA 30004 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 274.61 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁴¹ | Nonpriority creditor's name and mailing address PARCHEM FINE & SPECIALTY CHEMICALS 415 Huguenot Street New Rochelle, NY 10801 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 3,117.78 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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|-------------------|---|---|---------------|
| 3. ¹⁴² | Nonpriority creditor's name and mailing address Parchem Nutrition 415 Huguenot St. New Rochelle, NY 10801 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 4,494.57 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁴³ | Nonpriority creditor's name and mailing address Peachtree Immediate Care 3551 Satellite Blvd Duluth, GA 30096 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 55.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁴⁴ | Nonpriority creditor's name and mailing address Pouch It LLC 5685 New Peachtree Rd. Atlanta, GA 30341 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 21,774.01 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁴⁵ | Nonpriority creditor's name and mailing address Prater 2 Sammons Court Bolingbrook, IL 60440-4995 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 252.41 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁴⁶ | Nonpriority creditor's name and mailing address Prescott Advisory, LLC 152 Lincoln Road Unit 5 Lincoln, MA 1773 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 175,528.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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|-------------------|---|---|---------------|
| 3. ¹⁴⁷ | Nonpriority creditor's name and mailing address Prinova USA 36780 Eagle Way Chicago, IL 60678-1367 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 63,452.75 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁴⁸ | Nonpriority creditor's name and mailing address Prinova USA - Flavors 685 Hadley Road South Plainfield, NJ 7080 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 27,737.21 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁴⁹ | Nonpriority creditor's name and mailing address Priority1 PO Box 84808 Dallas, TX 75284 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 140,338.30 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁵⁰ | Nonpriority creditor's name and mailing address Proliant Health & Biologicals 2425 SE Oak Tree Ct. Ankeny, IA 50021 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 3,243.30 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁵¹ | Nonpriority creditor's name and mailing address Pure Assay 14750 E Nelson Ave Ste A City of Industry, CA 91744 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 32.25 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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|-------------------|--|--|---------------|
| 3. ¹⁵² | Nonpriority creditor's name and mailing address PureSynmr Ingredients Room 1608-1609 Union Energetic Intl Tower No.1088 New Jingqiao Rd Pudong Shanghai | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 15,840.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | | |
| 3. ¹⁵³ | Nonpriority creditor's name and mailing address Quench USA, Inc. P.O. Box 735777 Dallas, TX 75373-5777 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 1,304.18 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | | |
| 3. ¹⁵⁴ | Nonpriority creditor's name and mailing address Quinn Covarrubias 2200 Douglas Blvd Ste. 240 Roseville, CA 95661 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 13,149.08 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | | |
| 3. ¹⁵⁵ | Nonpriority creditor's name and mailing address Ramp Business Corporation 28 West 23rd Street Floor 2 New York, NY 10010 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 157,409.49 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | | |
| 3. ¹⁵⁶ | Nonpriority creditor's name and mailing address Reliable Premium 404 Great Oak Drive Waite Park, MN 56387 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$ 5,907.27 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | | |

Part 2: Additional Page

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Amount of claim

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| 3. ¹⁵⁷ | Nonpriority creditor's name and mailing address Ribus, Inc 1355 Greg Street Suite 101 Sparks, NV 89431 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 241.50 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁵⁸ | Nonpriority creditor's name and mailing address Rite Weight, Inc 3802 Irvingdale Road Duluth, GA 30096 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 8,163.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁵⁹ | Nonpriority creditor's name and mailing address Robertet 400 International Drive Mount Olive, NJ 7828 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 5,800.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁶⁰ | Nonpriority creditor's name and mailing address Sabinsa Corporation 20 LAKE DRIVE EAST WINDSOR, NJ 8520 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 15,510.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁶¹ | Nonpriority creditor's name and mailing address Samia L. Gore c/o Macklegal PLLC 1 Liberty Plaza Ste 1 New York, NY 10006 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$ Undetermined |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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| 3. ¹⁶² Nonpriority creditor's name and mailing address Scana 3344 Peachtree St NE Ste. 2150 Atlanta, GA 30326 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Services | \$ 193.23 |
| Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁶³ Nonpriority creditor's name and mailing address SENSIENT COLORS, LLC 2526 Baldwin Street St. Louis, MO 63106 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 16,609.91 |
| Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁶⁴ Nonpriority creditor's name and mailing address Shanghai Waseta Int'l Trading Co. LTD Rm 2001-2002, Godlen Eagle Edifice B No.1518 Minsheng Rd. Pudong New Area Shanghai, 200135 P.R. China | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 3,000.00 |
| Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁶⁵ Nonpriority creditor's name and mailing address Shri Kartikeya Pharma SKP 5-9-225, 3rd Fl Sanali Estate Abids Hyderabad 500001, India | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 17,997.00 |
| Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁶⁶ Nonpriority creditor's name and mailing address SINOCHAM HEALTH COMPANY, LTD CHINA 30F HNA Center Bldg 1 No. 234 Yan'an 3rd Road Yan'an Road Qingdao 266071 China | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 17,881.58 |
| Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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| 3. ¹⁶⁷ | Nonpriority creditor's name and mailing address Soaper's Choice 1701 Winthrop Drive Des Plaines, IL 60018 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 191.83 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁶⁸ | Nonpriority creditor's name and mailing address SOCAL BULK NUTRITION LLC 4000 Barranca Pkwy Suite 250 Irvine, CA 92606 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 128,107.50 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁶⁹ | Nonpriority creditor's name and mailing address Spring Chen Changzhou Spring Imp and Exp Co. No 99 Yanling West Road Changzhou, Jiangsu, China | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 10,000.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁷⁰ | Nonpriority creditor's name and mailing address Starwest Botanicals 161 Main Ave Sacramento, CA 95838 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 1,406.17 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁷¹ | Nonpriority creditor's name and mailing address Stauber 4120 N Palm St Fullerton, CA 92835 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 30,558.33 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

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Amount of claim

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| 3. ¹⁷² | Nonpriority creditor's name and mailing address Susan B. Shaw LLC 120 West Trinity Place Fourth Floor Decatur, GA 30030 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 402.78 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁷³ | Nonpriority creditor's name and mailing address Tech Specialist, INC 810 Great Southwest Pkwy SW Atlanta, GA 30336 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 3,087.75 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁷⁴ | Nonpriority creditor's name and mailing address Terry Laboratories 7005 Technology Drive Melbourne, FL 32904 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 1,587.60 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁷⁵ | Nonpriority creditor's name and mailing address The Law Office of Arthur W. Leach 4080 McGinnis Ferry Road Suite 401 Alpharetta, GA 30005 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 6,409.99 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁷⁶ | Nonpriority creditor's name and mailing address Thomas P. Lennon c/o Brad Fallon Fallon Law PC 1201 W. Peachtree St NW Ste 2625 Atlanta, GA 30309 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$ 0.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|---|--|----------------------|
| <p>3. ¹⁷⁷ Nonpriority creditor's name and mailing address</p> <p>Tricor Braun PO Box 745628 Atlanta, GA 30374</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 19,913.31</p> |
| <p>3. ¹⁷⁸ Nonpriority creditor's name and mailing address</p> <p>VDF Futureceuticals, Inc PO Box 7269 Carol Stream, IL 60197</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 7,523.37</p> |
| <p>3. ¹⁷⁹ Nonpriority creditor's name and mailing address</p> <p>Veritiv Operating Company 9330 NW 110th Avenue Miami, FL 33178</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 12,999.38</p> |
| <p>3. ¹⁸⁰ Nonpriority creditor's name and mailing address</p> <p>Vertex Analytical Labs LLC 9335 Airway Road Suite 202 San Diego, CA 92154</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 12,400.00</p> |
| <p>3. ¹⁸¹ Nonpriority creditor's name and mailing address</p> <p>Vitajoy Group USA 12091 Forestgate Drive Dallas, TX 75243</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>\$ 179,375.00</p> |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|-------------------|---|---|--------------|
| 3. ¹⁸² | Nonpriority creditor's name and mailing address Waste Management PO Box 4648 Carol Stream, IL 60197 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services | \$ 7,953.27 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁸³ | Nonpriority creditor's name and mailing address WB Sweetners, LLC PO Box 960 Rock Hill, NY 12775 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 23,399.31 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁸⁴ | Nonpriority creditor's name and mailing address Wholesale Supplies 7820 E Pleasant Valley Road Independence, OH 44131 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 329.31 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁸⁵ | Nonpriority creditor's name and mailing address WILD Flavors & Specialty Ingredients 75 Remittance Drive Ste 1046 Chicago, IL 60675 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 49,505.68 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁸⁶ | Nonpriority creditor's name and mailing address Wiles & Wiles, LLP 800 Kennesaw Ave Suite 400 Marietta, GA 30060 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors | \$ 15,585.50 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|-------------------|---|---|--------------|
| 3. ¹⁸⁷ | Nonpriority creditor's name and mailing address WIN HEALTH INTERNATIONAL COMPANY, LTD Rm 323 Bld A2 No. 218 Xinghu St Suzhou Industrial Park Suzhou China | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 6,910.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁸⁸ | Nonpriority creditor's name and mailing address WM Corporate Services, INC PO Box 4648 Carol Stream, IL 60197 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 3,991.53 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁸⁹ | Nonpriority creditor's name and mailing address Worldwide Express 10 GLENLAKE PKWY ATLANTA, GA 30328 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 5,668.27 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁹⁰ | Nonpriority creditor's name and mailing address Wursta Corporation 9450 SW Gemini Dr PMB 86130 Beaverton, OR 97008 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 11,914.22 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁹¹ | Nonpriority creditor's name and mailing address WUXI CIMA SCIENCE COMPANY LTD No. 288 Shibawan Rd Wuxi 214064 Jiangsu China | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 15,375.00 |
| | Date or dates debt was incurred _____ Last 4 digits of account number _____ | Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁹² Nonpriority creditor's name and mailing address

Z Natural Foods
5407 N Haverhill Rd Suite 337
West Palm Beach, FL 33407

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,387.62

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁹³ Nonpriority creditor's name and mailing address

ZXCHEM USA INC.
26k World's Fair Drive
Somerset, NJ 8873

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 820.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 3:**List Others to Be Notified About Unsecured Claims**

4. **List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-------|--|--|---|
| 4.1. | Angela Keene, Sr. Account Executive Brown & Joseph, LLC One Pierce Place, Ste. 700W Itasca, IL, 60143 | Line <u>3.166</u> <input type="checkbox"/> Not listed. Explain: _____ | _____ |
| 4.2. | Brown & Joseph, LLC One Pierce PI Suite 700W Itasca, IL, 60143 | Line <u>3.181</u> <input type="checkbox"/> Not listed. Explain: _____ | _____ |
| 4.3. | Brown & Joseph, LLC One Pierce PI Suite 700W Itasca, IL, 60143 | Line <u>3.191</u> <input type="checkbox"/> Not listed. Explain: _____ | _____ |
| 4.4. | HM Peachtree Corners I LLC c/o Hartz Mountain Industries, Inc. 500 Plaza Drive Secaucus, NJ, 07094 | Line <u>3.87</u> <input type="checkbox"/> Not listed. Explain: _____ | _____ |
| 4.1. | John Maloney, Esq. Gimigliano Mauriello & Maloney, P.A. 163 Madison Ave, Ste. 500 PO Box 1449 Morristown, NJ, 07962 | Line <u>3.72</u> <input type="checkbox"/> Not listed. Explain: _____ | _____ |
| 4.5. | Kelly Butcher The Kaplan Group Commercial Collections 154 Addie Street Pismo Beach, CA, 93449 | Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain: _____ | _____ |
| 4.6. | Michael Freund, Esq. Michael Freund & Associates 1919 Addison Street, Ste. 104 Berkeley, CA, 94704 | Line <u>3.62</u> <input type="checkbox"/> Not listed. Explain: _____ | _____ |
| 4.7. | The Kaplan Group Commercial Collections Kelly Butcher 154 Addie Street Pismo Beach, CA, 93449 | Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain: _____ | _____ |
| 4.8. | | Line _____ <input type="checkbox"/> Not listed. Explain: _____ | _____ |
| 4.9. | | Line _____ <input type="checkbox"/> Not listed. Explain: _____ | _____ |
| 4.10. | | Line _____ <input type="checkbox"/> Not listed. Explain: _____ | _____ |
| 4.11. | | Line _____ <input type="checkbox"/> Not listed. Explain: _____ | _____ |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 355.97

5b. **Total claims from Part 2**

5b.

+

\$ 4,921,056.82

5c. **Total of Parts 1 and 2**

5c.

\$ 4,921,412.79

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Nutracap Holdings, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number (if known): 25-50430 Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

| | | |
|-----|--|--|
| 2.1 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Sale Agreement with MYOBLOX, LLC</p> <p>State the term remaining</p> <p>48 months</p> <p>List the contract number of any government contract</p> | <p>Myoblox</p> |
| 2.2 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Settlement</p> <p>State the term remaining</p> <p>17 months</p> <p>List the contract number of any government contract</p> | <p>ENVIRONMENTAL RESEARCH CENTER, INC.</p> |
| 2.3 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Settlement</p> <p>State the term remaining</p> <p>24 months</p> <p>List the contract number of any government contract</p> | <p>Freemen Nutra Group, LLC</p> |
| 2.4 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>2825 Pacific Drive Suite A Lessee</p> <p>State the term remaining</p> <p>27</p> <p>List the contract number of any government contract</p> | <p>HMI Atlanta V LLC c/o Hartz Mountain Industries, Inc. 550 Plaza Drive Secaucus, NJ, 07094</p> |
| 2.5 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>2825 Pacific Drive Suite C Lessee</p> <p>State the term remaining</p> <p>27</p> <p>List the contract number of any government contract</p> | <p>HMI Atlanta V LLC c/o Hartz Mountain Industries, Inc. 400 Plaza Drive Secaucus, NJ, 07094</p> |

Debtor Nutracap Holdings, LLC Case number (if known) 25-50430
Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| List all contracts and unexpired leases | | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
|---|---|--|
| 2.6 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>6250 McDonough Drive Lease - Nutracap 2024 Renewal Lessee</p> <p>State the term remaining</p> <p>35</p> <p>List the contract number of any government contract</p> | <p>NORCROSS TUCKER PROPERTY LP</p> <p>PO Box 748414</p> <p>, AK, 30374-8414</p> |
| 2.7 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>6550 Jimmy Carter Suite C Lease - Nutracap Purchaser</p> <p>State the term remaining</p> <p>93 months</p> <p>List the contract number of any government contract</p> | <p>HM Peachtree Corners I LLC</p> <p>c/o Hartz Mountain Industries, Inc.</p> <p>500 Plaza Drive</p> <p>Secaucus, NJ, 07094</p> |
| 2.8 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>6600 Jimmy Carter Suite C Lease - Nutracap Lessor</p> <p>State the term remaining</p> <p>7 years, 6 months</p> <p>List the contract number of any government contract</p> | <p>HM Peachtree Corners I LLC</p> <p>c/o Hartz Mountain Industries, Inc.</p> <p>500 Plaza Drive</p> <p>Secaucus, NJ, 07094</p> |
| 2.9 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Sublease 6600 Jimmy Carter to KNB Cabinets, LLC Lessor</p> <p>State the term remaining</p> <p>87</p> <p>List the contract number of any government contract</p> | <p>N/A</p> <p>, AK,</p> |
| 2.10 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Sublease 6550 Jimmy Carter Blvd C - Keystone Executed Purchaser</p> <p>State the term remaining</p> <p>48</p> <p>List the contract number of any government contract</p> | <p>N/A</p> <p>,</p> |
| 2.11 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Ramp Platform Agreement</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>Ramp Business Corporation</p> <p>28 West 23rd Street Floor 2</p> <p>New York, NY, 10010</p> |
| 2.12 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Sublease 6550 Jimmy Carter Blvd AB Light House Executed Lessor</p> <p>State the term remaining</p> <p>90</p> <p>List the contract number of any government contract</p> | <p>N/A</p> <p>,</p> |

Debtor Nutracap Holdings, LLC Case number (if known) 25-50430
Name

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| List all contracts and unexpired leases | | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
|---|--|--|
| 2.13 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>5785 Brookhollow Parkway Lease Agreement Lessee</p> <p>State the term remaining</p> <p>19 months</p> <p>List the contract number of any government contract</p> | <p>CI ATL III-GW, LLC 90 Park Avenue 32nd Floor New York, NY, 10016</p> |
| 2.14 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Partial deposits paid by customers on pending orders - See Schedule G Exhibit</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>N/A GA</p> |
| 2.15 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Supply Agreement</p> <p>State the term remaining</p> <p>23 Months</p> <p>List the contract number of any government contract</p> | <p>HTLT Supplements, Inc. 262 Freshwater Trail Dartmouth Nova Scotia Canada</p> |
| 2.16 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Business Automation Agreement</p> <p>State the term remaining</p> <p>11 months</p> <p>List the contract number of any government contract</p> | <p>Pipefy 548 Market Street PMB 96462 94101-5401</p> |
| 2.17 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MHC Truck Lease Lessee</p> <p>State the term remaining</p> <p>2 years</p> <p>List the contract number of any government contract</p> | <p>MHC Truck Leasing PO Box 879269 Kansas City, MO, 64187</p> |
| 2.18 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Master Service Agreement</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | <p>Dialpad, Inc. 2700 Camino Ramon, Ste. 490 San Ramon, CA, 94583</p> |
| 2.____ | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p> | |

NUTRACAP HOLDINGS, LLC
SCHEDULE G EXHIBIT
CUSTOMERS WHO PAID PARTIAL DEPOSITS ON PENDING ORDERS

| Company name | Customer | Address | Address2 | City | ST | Zip |
|--|---|---|------------------------|------------------|----|-------|
| Grow Young Fitness | Grow Young Fitness | 1313 Chestnut Ave, Suite 10 | | Minneapolis | MN | 55403 |
| GLO Melanin | Ammar Melies | 5805 Peachtree Industrial Blvd Suite B | | Norcross | GA | 30092 |
| MethylNutrients LLC dba Life Support Health Products | MethylNutrients LLC dba Life Support Health | 5700 West 181st Street | | Stillwell | KS | 66085 |
| SRB Life Sciences | Nikhil Bhansali | 26 Fort Williams Drive | Brampton Ontario | L6X0W4 Canada | | |
| HTLT | Greg Doucette | 719 Lambs Creek Rd | | Mansfield | PA | 16933 |
| Pineapple Brands LLC | Brian Steixner | 617 N Huntington Ave | | Margate | NJ | 08402 |
| Elis Beauti | Elis Beauti | 6010 Singleton Rd #213-127 | | Norcross | GA | 30093 |
| Zana Nutrition ALA | Zana Nutrition ALA | 901 Westrac Drive,Ste B2 | | Fargo | ND | 58103 |
| | John Fricchione | 10111 Palmer Ct. | | Spotsylvania | VA | 22553 |
| Vita-Nu Labs | Vita-Nu Labs | 8950 SW 74 Ct Unit 2201 | | Pinecrest | FL | 33156 |
| Tennant Products, Curador LLC | Tennant Products, Curador LLC | 4843 Colleyville Blvd Suite 251 #383 | | Colleyville | TX | 15690 |
| Leviathan Wellness LLC | Leviathan Wellness LLC | 1129 Industrial Park Rd Ste 8 | | Vandergrift | PA | 15690 |
| Confint Nature / Wholesome's Academy/Gordon Yourself | Dr. Gordon Chiu | 47 Candace Lane | | Chatham | NJ | 07928 |
| Heart 2 Heart | Matt Goldstein | 148 Knotting Lane | | Franklin | NC | 28734 |
| Tailor Made Compounding | Scott Schrader | 200 Moore Drive | | Nicholasville | KY | 40356 |
| THE RIKER REGIMEN | THE RIKER REGIMEN - DR. ADAM RIKER | 3512 16th Ave NE Naples | | Naples | FL | 34120 |
| Ivy Labs LLC | Ivy Labs LLC | 18 Old Course Rd | | St. Clair | MI | 48079 |
| 5 Star Nutrition LLC | 5 Star Nutrition LLC | 8500 Shoal Creek Blvd. Building 4 Suite 150 | | Austin | TX | 78757 |
| VianeyCorp LLC | Vianey Flores | 6708 Eich Dr | | Joliet | IL | 60431 |
| OKLfitness | Oakley Lawrence | 1807 W 4650 S, Apt O | | Roy | UT | 84067 |
| SOT LLC | Charles Sykes | 6105 Erie Station Road | | Belleville | IL | 62223 |
| Vinatura Supplements | Duy Phan | 2093 PHILADELPHIA PIKE #7324 | | Claymont | DE | 19703 |
| | Colby Shenk | 807 Zeiders Rd | | Millerstown | PA | 17062 |
| MegaFit Performance | MegaFit Meals | Megan Georgiou 1679 Oak Park Blvd | | Calvert City | KY | 42029 |
| Fortifeye Vitamins | Fortifeye Vitamins | 3101 SW College Rd Suite 201 | | Ocala | FL | 34474 |
| Ryan State | Ryan State | 9100 S Florida Ave Apt 20-302 | | Denver | CO | 80247 |
| MyoBlox | MyoBlox | 1415 Wilkesboro Highway | | Statesville | NC | 28625 |
| Jim Phillips / Novi Petrusich | Gray Matter Gaming | 851 N Wood St #3 | | Chicago | IL | 60622 |
| DUBBY | DUBBY | 760 Gem Lane | | Ramona | GA | 92065 |
| Maestroshine LLC | Sami Abdulkadir | 4231 Balboa Ave #3002 | | San Diego | CA | 92117 |
| FIRE Fitness Camp | Hans Hartleben | Rehab Supps Lab LLC. | | Plover | WI | 54467 |
| Growing Social Inc | Growing Social Inc | 104 Locust Ave | | Rockville Center | NY | 11570 |
| Alive & Well Community Partners | Alive & Well Community Partners | 18425 NW 2nd Ave 5th Floor PH7 | | Miami Gardens | FL | 33169 |
| Sigma Wellness Pty Ltd | Sigma Wellness Pty Ltd | 59 St Georges Rd South | Fitzroy North VIC 3068 | Australia | | |
| | Jeff Aston | 750 W Fir St Unit 502 | | San Diego | CA | 92101 |
| Peterson Clinic | Peterson Clinic | 1002 W Elm Avenue PO Box 211 | | Hermiston | OR | 97838 |
| Alphaoutfitness LLC | Alphaoutfitness LLC | 108-56 51st Avenue | | Corona | NY | 11368 |
| | Vincent Pallone | 1619 Garnet St | | Broomfield | CO | 80020 |
| TinFold | Jordan Ahmad | 4305 Pecan Knoll | | McKinney | TX | 75070 |
| Voyager Supplements | Nicholas Sandora | 24935 Waterway Court | | Shorewood | IL | 60404 |
| Omen Power | Omen Power | 8233 Cardnia Ct. | | Liberty Twp | OH | 45044 |
| Back to Primal | Back to Primal | 30 N Gould St | | Sheridan | WY | 82801 |
| IBody | Teresa Tostado | 956 Huntington Drive | | San Marino | CA | 91108 |
| Epoch Nutrition Sciences | Michael Wohltmann | 6311 Wild Orchid Dr | | Lithia | FL | 33547 |

| | | | | | | |
|---|---|---|---------------------------|-------------------|----|-------|
| | Jake Friedland | 3014 Canton St | | Dallas | TX | 75226 |
| Avo Brand | Avo Brand | 1000 Whitlock Ave SW Suite #320-232 | | Marietta | GA | 30064 |
| Unlimited Supplements/ Rocktomic | Unlimited Supplements/ Rocktomic | 2084 Crosswaters Drive | | Dacula | GA | 30019 |
| Lacer Pharma, LLC | Natasha Corleone | 1636 Popp's Ferry Road, Suite 219 | | Biloxi | MS | 39532 |
| Monk Endurance | Cameron Colson | 300 N Gila Springs Blvd, Unit 183 | | Chandler | AZ | 85226 |
| GR8 WHITE SUPPLEMENTS | GR8 WHITE SUPPLEMENTS LLC - JAREK GIBBONS | 244 WEST FORK WAY | | Temple | GA | 30179 |
| Wiefit Nutrition | Wiefit Nutrition | 846 Monmouth St | | Newport | KY | 41071 |
| Achieving Total Health (AKA Goals Gear) | Achieving Total Health (AKA Goals Gear) | 1804 19th Avenue Suite C | | Lewiston | ID | 83501 |
| BDS | Teddy Seaton | 4660 Johnston Street | | Lafayette | LA | 70508 |
| Anyull Cabrera - Maranatha Store LLC | Anyull Cabrera - Maranatha Store LLC | 2096 Danforth Rd | | Spring Hill | FL | 34608 |
| Lifestyle by Olgui | Olga del Barrio | 10 Nw 203 Terrace Apt C9 | | Miami | FL | 33169 |
| NUTRITION ZONE | NUTRITION ZONE - WILLIAM "LEVI" SCOTT | 400 ERVIN HESTER ROAD | | Selmer | TN | 38375 |
| Pharmaden | Pharmaden | 12166 Sussex St. | | Ft. Myers | FL | 33913 |
| High Key Supps LLC | Kevin Guzman | 516 Martha St Unit 114 | | San Jose | CA | 95112 |
| Blue Flame Naturals LLC | Eric Kuder and Cindy Vasquez | 10000 Bay Harbor Terrace Apt 303 | | Bay Harbor Island | FL | 33154 |
| Arieyl | Arieyl | 2090 Old Hickory Tree Rd Suite 101 | | St. Cloud | FL | 34769 |
| | Erika Trujillo | 4336 Torrey Pines Drive | | Chino Hills | CA | 91709 |
| | Richard Calandra | 223 Bryn Mawr Ave | | Lavallette | NJ | 08735 |
| Health Club Hashimoto LLC | Angelica Galleguillos | 1625 Street Rd | | Chester Springs | PA | 19425 |
| Country Cooking The Healthy Way | Country Cooking The Healthy Way | 630 Boghill Ave Suite 2 | | Richmond | KY | 40475 |
| NeoDynamis Nutrition LLC | Kimon Angelopoulos | 5520 Wilshire Blvd. #202 | | Los Angeles | CA | 90036 |
| The Real Carnivore Co | The Real Carnivore Co | 201 Saint Charles Ave., Ste 114 PMB 700 | | New Orleans | LA | 70170 |
| | Dean Ferrari | 10 Ashton Ave | | Millbrae | CA | 94030 |
| KINGS SUPPLEMENT INNOVATIONS | CODIE KING | 103 CHAPIN ROAD | | Milford | CT | 06776 |
| Spire Supplements LLC | Calvin Nguyen | 361 Burwood | | Lake Forest | CA | 92630 |
| VITALMED COSMETIC TRADING LLC | VITALMED COSMETIC TRADING LLC | Shed 12 Lotfi Bldg Corner 69th St | Yanbu 2nd Industrial Area | Sharjah UAE | | |
| Jumana Yousif | Jumana Yousif | 2410 Bella Magnolia Ct | | Oakland Twp | MI | 48306 |
| Jaksquatch Performance | Lakota Tow | 4421 NE PLAINS WAY #64 | | Vancouver | WA | 98662 |
| INSIDE AND OUT | INSIDE AND OUT - Jabarie Campbell | 1343 NW 122nd Ter | | Pembroke Pines | FL | 33026 |
| Brands Full Circle | Brands Full Circle | 13502 FLANK MARCH | | Spotsylvania | VA | 22551 |
| Odyssey Fuel | Odyssey Fuel | 1560 W Beebe Capps Expy C-258 | | Searcy | AR | 72143 |
| ET Optimization | ET Optimization | 1111 Cherrington Dr | | Harrisburg | PA | 17110 |
| Stoked American Fitness | Jimmy Crawford | 799 Elliott Rd Dawsonville, GA, 30534 | | Dawsonville | GA | 30534 |
| Wend Wellness | Wend Wellness | 64 harbor rd | | St. James | NY | 11780 |
| Eruditar LLC | Moyosoore Olugboji | 2500 wilcrest dr. Ste 300 | | Houston | TX | 77042 |
| Biochem Nutrition | Biochem Nutrition | 2354 Belair Ave | | Ingleside | TX | 78362 |
| | Cory Friese | 2108 Pringle Dr | | Marengo | IL | 60152 |
| Alpha Country | Spencer A Lewis | 2117 Virginia Dare Place | | Raleigh | NC | 27610 |
| Belly-X Weight Loss, LLC | Davon Frazier | 107 Patriot Ct | | Palmdale | CA | 93550 |
| Hotworx | Hotworx | 5145 Taravella Road | | Marrero | LA | 70072 |
| Lucas Black - Black Vault Labs | Lucas Black | 2140 Bowdoin St | | Palo Alto | CA | 94306 |
| BrainByte Nootropics | BrainByte Nootropics | 5900 Balcones Drive #19634 | | Austin | TX | 78731 |
| | Victor Gonzalez | 3189 Heather Ridge Dr | | San Jose | CA | 95136 |
| Blush Boot Camp, LLC | Max Gellert | 6608 W 202nd Terrace | | Bucyrus | KS | 66013 |
| Aura Superfoods LLC | Aura Superfoods LLC | 16175 W Kirkland Hillside Rd Po Box 447 | | Kirkland | AZ | 86332 |
| The holistic detox | The holistic detox | 3201 Centre Parkway Suite 500 | | Atlanta | GA | 30344 |
| Dr Halls Nutraceuticals | Dr Halls Nutraceuticals | 2201 Sole Mia Sq Ln Apt 121 | | North Miami | FL | 33181 |
| Nutrient Supply LLC | Nutrient Supply LLC | 16332 Emerald Cove Dr | | Lutz | FL | 33549 |
| BUSY BEE SUPPLEMENTS | BUSY BEE SUPPLEMENTS | 4040 RIVERSONG DR | | Suwanee | GA | 30024 |

| | | | | | |
|--------------------------------|--------------------------|--|-------------------------|----|-------|
| Premier Drug Store | Premier Drug Store | 8446 Campbellton St | Douglasville | GA | 30134 |
| Gina Aliotti Fitness | Gina Aliotti | 2766 Olympia Dr | Carlsbad | CA | 92010 |
| NBS Supplements | Nicholas Bono | 438 Burke Rd | Jackson Twp | NJ | 08527 |
| Lasso Tallow | Lasso Tallow | 8 The Green | Dover | DE | 19901 |
| Big Wave Nutrition | Kristine Hansen | 376 N 916 E. | Declo | ID | 83323 |
| HOT PINK COLLARES BOUTIQUE LLC | Hot Pink Collares | 386 W. Little York Rd | Houston | TX | 77076 |
| BRRRN | BRRRN | 1467 Lakeside Drive | Harvey's Lake | PA | 18618 |
| BioCor Nutrition, LLC | Greg Parsons | 9090 Paseo De Valencia St | Ft. Myers | FL | 33908 |
| | Brandon Rappa | 1324 South Malden Rd | N8M 2X6 Canada | | |
| Staircase To Heaven | Staircase To Heaven | 87 Riverside Landing | Essex Ontario | | |
| | Maney Diaz | 44 Linwood St. Apt. 1 | Fort Mitchell | AL | 36856 |
| JUJU SLEEP LLC | David Lawn | 2601 Merrick Way | Lynn | MA | 01905 |
| Vital X Labs | Brandon Bartholomew | 1874 Catasauqua Rd PBM 25 | Abingdon | MD | 21009 |
| Corsitech | Pat Corsino | 8037 NW 66th Terrace | Allentown | PA | 18109 |
| OSS Brand | OSS Brand | 28556 Rancho-Laguna | Parkland | FL | 33067 |
| Michael Tahery MD, Inc. | Michael Tahery MD, Inc. | PO BOX 16376 | Laguna Niguel | CA | 92677 |
| AngioGenesis Medical LLC | Patrick Scallan | 8032 SUMMA SUITE D | Beverly Hills | CA | 90209 |
| | Tomoya Sasagawa | 190 Ryland St Apt 5202 | Baton Rouge | LA | 70809 |
| Delicious Foods LLC | Delicious Foods LLC | 61 Elm St #6 | San Jose | CA | 95110 |
| Aaron Hiatt | Aaron Hiatt | 1721 Smokey Hollow Rd | Lynn | MA | 01905 |
| Alkaline Eclectic Herbs | Alkaline Eclectic Herbs | 10676 Colonial Blvd Suite 30 | Winston Salem | NC | 27105 |
| Nuestra Esperanza Health | Nuestra Esperanza Health | 1282 East Hickory Creek Court | Ft. Myers | FL | 33913 |
| | Sunil Samuel | 34 WoodStork Dr | Oak Creek | WI | 53154 |
| Titan Nutritions LTD | Osama Bdair | Ibn Tymya St | Mt. Sinai | NY | 11766 |
| | Ernest Huertas | 400 N Acacia Ave. #D21 | 4881000 Israel | | |
| HAVI Health and Food LLC | HAVI Health and Food LLC | 2684 John F. Kennedy Blvd #5 | Fullerton | CA | 92831 |
| Pure LifeLytes | Pure LifeLytes | PO Box 710027 | Jersey City | NJ | 07306 |
| Amrutha Herbals, LLC | Amrutha Herbals, LLC | 12 Rockingham Ct | Santee | CA | 92072 |
| PINC | PINC | 8025 Elliot Dr | Germantown | MD | 20874 |
| Thrive Forever Fit | Jay Nixon | 131 Triviso Dr | Plano | TX | 75024 |
| Nuvitalix Nutrition Inc. | Nuvitalix Nutrition Inc. | 134 Nassau Blvd #450 | Palm Desert | CA | 92211 |
| Gently Soap | Gently Soap | 189 Cobb Parkway N Building B, Suite 1 | West Hempstead | NY | 11552 |
| Novanoot | Novanoot | 09 01 9 Braemar Dr | Marietta | GA | 30062 |
| LipLuv | Anton Jones | 241 Taaffe Pl. 509 | Serangoon Garden Estate | | |
| | | | 559413 Singapore | | |
| | | | Brooklyn | NY | 11205 |

Fill in this information to identify the case:

Debtor name Nutracap Holdings, LLCUnited States Bankruptcy Court for the: Northern District of GeorgiaCase number (If known): 25-50430☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

2.1 Nutracap Labs, LLC c/o Brad Fallon, Esq. | Fallon Law, LLC
1201 W. Peachtree St NW Ste 2625
Atlanta, GA 30309

CI ATL III-GW, LLC

☐ D
☐ E/F
☒ G

2.2

☐ D
☐ E/F
☐ G

2.3

☐ D
☐ E/F
☐ G

2.4

☐ D
☐ E/F
☐ G

2.5

☐ D
☐ E/F
☐ G

2.6

☐ D
☐ E/F
☐ G

Fill in this information to identify the case:

Debtor name Nutracap Holdings, LLC
United States Bankruptcy Court for the: Northern District of Georgia
Case number (if known): 25-50430 (State)

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

| | |
|---|------------------------|
| 1a. Real property: Copy line 88 from <i>Schedule A/B</i> | \$ <u>0.00</u> |
| 1b. Total personal property: Copy line 91A from <i>Schedule A/B</i> | \$ <u>8,614,285.64</u> |
| 1c. Total of all property: Copy line 92 from <i>Schedule A/B</i> | \$ <u>8,614,285.64</u> |

Part 2: Summary of Liabilities

| | |
|--|-------------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ <u>17,199,765.96</u> |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i> | \$ <u>355.97</u> |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i> | +\$ <u>4,921,056.82</u> |
| 4. Total liabilities Lines 2 + 3a + 3b | \$ <u>22,121,178.75</u> |

Fill in this information to identify the case:

Debtor name Nutracap Holdings, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number (If known): 25-50430

☒ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| | Name of creditor and complete mailing address, including zip code | Name, telephone number, and email address of creditor contact | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---|---|---|---|--|--|---|-----------------|
| | | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| 1 | Nash Commercial Incorporated 3131 Piedmont Road Suite 200 Atlanta, GA, 30305 | | Suppliers or Vendors | | | | 400,209.62 |
| 2 | Freemen Nutra Group, LLC fka Shanghai Freeman Americas LL 200 Metroplex Dr Ste 402 Edison, NJ, 08817 | | Settlement | Unliquidated Contingent | | | 320,000.00 |
| 3 | Gopher Mats LLC, Viking Mat Company 7480 Flying Cloud Drive Suite 400 Eden Prairie, MN, 55344 | | Suppliers or Vendors | | | | 247,500.13 |
| 4 | Certified Laboratories 3218 Commander Drive Carrollton, TX, 75006 | | Suppliers or Vendors | | | | 220,853.55 |
| 5 | INGREDIENTS ONLINE 13875 Cerritos Corporate Drive Suite A Cerritos, CA, 90703 | | Suppliers or Vendors | | | | 188,265.50 |
| 6 | Bennett Graphics 125 Royal Woods Court Suite 100 Tucker, GA, 30084 | | Suppliers or Vendors | | | | 183,560.62 |
| 7 | Vitajoy Group USA 12091 Forestgate Drive Dallas, TX, 75243 | Angela Keene angela.keene@brownandjoseph.com | Suppliers or Vendors | | | | 179,375.00 |
| 8 | Prescott Advisory, LLC 152 Lincoln Road Unit 5 Lincoln, MA, 1773 | | Suppliers or Vendors | | | | 175,528.00 |

Debtor Nutracap Holdings, LLC
Name

Case number (if known) 25-50430

| | Name of creditor and complete mailing address, including zip code | Name, telephone number, and email address of creditor contact | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|----|--|---|---|--|--|---|-----------------|
| | | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| 9 | HM Peachtree Corners I LLC PO Box 32149 New York, NY, 10087-2149 | | | | | | 172,320.79 |
| 10 | Dyad Labs 1945 S Fremont Dr Salt Lake City, UT, 84104 | | Suppliers or Vendors | | | | 172,296.68 |
| 11 | Ramp Business Corporation 28 West 23rd Street Floor 2 New York, NY, 10010 | Hinh Tran, Senior Counsel hinh.tran@ramp.com | Services | Disputed Unliquidated Contingent | | | 157,409.49 |
| 12 | Priority1 PO Box 84808 Dallas, TX, 75284 | | Suppliers or Vendors | | | | 140,338.30 |
| 13 | Caine & Weiner Company Inc. 5805 Sepulveda Blvd. 4th Floor Sherman Oaks, CA, 91411 | | | | | | 139,609.51 |
| 14 | Berlin Packaging P. O. Box 74007164 Chicago, IL, 60674-7164 | | Suppliers or Vendors | | | | 136,600.60 |
| 15 | SOCAL BULK NUTRITION LLC 4000 Barranca Pkwy Suite 250 Irvine, CA, 92606 | | Suppliers or Vendors | | | | 128,107.50 |
| 16 | Environmental Research Center (ERC) 306 Joy Street Fort Oglethorpe, GA, 30742 | | Suppliers or Vendors | | | | 116,000.00 |
| 17 | Nutravative Ingredients 1305 North Watters Road Suite 180 Allen, TX, 75013 | | Suppliers or Vendors | | | | 98,172.25 |
| 18 | HealthCaps, LLC 7345 West 20th Ave Hialeah, FL, 33014 | | Suppliers or Vendors | | | | 81,930.02 |
| 19 | Food Safety Net Services P.O. Box 736407 Dallas, TX, 75373-6407 | | Suppliers or Vendors | | | | 78,947.95 |
| 20 | Nutraceuticals International 50 Sindle Avenue Little Falls, NJ, 7424 | | Suppliers or Vendors | | | | 63,811.22 |

Fill in this information to identify the case and this filing:

Debtor Name Nutracap Holdings, LLC
United States Bankruptcy Court for the: Northern District of Georgia
Case number (If known): 25-50430

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature


I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/11/2025
MM / DD / YYYY

 /s/ Marcos Fabio Lopes e Lima
Signature of individual signing on behalf of debtor

Marcos Fabio Lopes e Lima

Printed name

CEO

Position or relationship to debtor

United States Bankruptcy Court

IN RE:

Case No. 25-50430

Nutracap Holdings, LLC

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

| Registered name and last known address of security holder | Shares (Or Percentage) | Security Class (or kind of interest) |
|--|---------------------------|---|
| DBD DTA Corporation 2825 Pacific Dr Suite C, Norcross, GA 30071 | 100.00 | Common stockholder |

SUPPLEMENTAL LIST OF CREDITORS

ADP
1155 Perimeter Center West
Atlanta, GA 30338

Angela Keene, Sr. Account Executive
Brown & Joseph, LLC
One Pierce Place, Ste. 700W
Itasca, IL 60143

Berry Virtual/Med Virtual
21731 Ventura Blvd Suite #100
Woodland Hills, CA 91364

Comcast Business
PO Box 530098
Atlanta, GA 30353-0098

Dialpad, Inc.
2700 Camino Ramon, Ste. 490
San Ramon, CA 94583

Eurofins Food Chemistry
Testing Madison, Inc.
PO BOX 1482
Carol Stream, IL 60132

FCC Products, Inc.
106 Naylor Avenue
Livingston, NJ 07039

Gwinnett County Tax Commissioner
PO Box 372
Lawrenceville, GA 30046

HM Peachtree Corners I LLC
c/o Hartz Mountain Industries, Inc.
500 Plaza Drive
Secaucus, NJ 07094

HTLT Supplements, Inc.
262 Freshwater Trail

Dartmouth Nova Scotia
Canada,

Michael Freund, Esq.
Michael Freund & Associates
1919 Addison Street, Ste. 104
Berkeley, CA 94704

NAMMEX - North American Reishi
PO Box 1780
Gibson BC V0N 1V0
Canada,

Nukind Ingredients, Inc.
15411 West Waddell Road
Ste. 102-190
Surprise, AZ 85379

Pipefy
548 Market Street
PMB 96462

Quinn Covarrubias
2200 Douglas Blvd Ste. 240
Roseville, CA 95661

Reliable Premium
404 Great Oak Drive
Waite Park, MN 56387

Waste Management
PO Box 4648
Carol Stream, IL 60197

United States Bankruptcy Court
Northern District of Georgia

In re: Nutracap Holdings, LLC

Case No. 25-50430

Debtor(s)

Chapter 11

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 02/11/2025

/s/ Marcos Fabio Lopes e Lima

Signature of Individual signing on behalf of debtor

CEO

Position or relationship to debtor

United States Bankruptcy Court

Northern District of Georgia

In re Nutracap Holdings, LLC

Case No. 25-50430

Debtor

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ FLAT FEE

For legal services, I have agreed to accept \$

Prior to the filing of this statement I have received. \$

Balance Due. \$

☒ RETAINER

For legal services, I have agreed to accept a retainer of \$ 75,000.00

The undersigned shall bill against the retainer at an hourly rate of \$ 595.00

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

- A. prepare and file on behalf of the client all petitions, schedules, statements, plans, and other documents or pleadings;
- B. attend and represent the client at all meetings of creditors, hearings, trials, conferences, and other proceedings, whether in or out of court;
- C. provide legal advice to the client as to the rights, duties, and powers of the client as a debtor in possession in a chapter 11 case, and as to other matters arising in or related to the chapter 11 case; and
- D. otherwise assist, advise, and represent the client on matters related to the chapter 11 case as requested by the client.

Attorney: Standard Hourly Rate:

William A. Rountree \$595.00

Will B. Geer \$595.00

Michael Bargar \$535.00

Hal Leitman \$425.00

David S. Klein \$495.00

Alexandra Dishun \$425.00

Elizabeth Childers \$425.00

Ceci Christy \$425.00

Caitlyn Powers \$375.00

Shawn Eisenberg \$300.00

William Matthews \$425.00

Paralegals: Standard Hourly Rate:

Tarsha Daniel \$225.00

Elizabeth Miller \$250.00

Megan Winokur \$175.00

Catherine Smith \$150.00

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/11/2025

/s/ William Rountree, 616503

Date

Signature of Attorney

Rountree, Leitman, Klein & Geer, LLC

Name of law firm
2987 Clairmont Road
Suite 350
Atlanta, GA 30329